

# THE MEDICAL AND SURGICAL REPORTER

No. 1642.

PHILADELPHIA, AUGUST 18, 1888. VOL. LIX.—No. 7.

## CLINICAL LECTURE.

### DISEASES OF THE THROAT AND NOSE.<sup>1</sup>

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(Reported by Baldwin Gleason, M.D.)

#### Acute Tonsillitis.

*Gentlemen:* The first case this morning is one of acute tonsillitis. The patient, a girl sixteen years of age, complains that her throat has been sore for some days; that this morning her jaws feel stiff and that she can scarcely open her mouth. Upon examining the fauces, we find the tonsils red and swollen, the inflammation involving the neighboring mucous membrane. You will also notice that the tongue is coated and the breath fetid. The patient is suffering severely. She has fever, pain, and a dry sensation in her throat, which she endeavors to relieve by frequent efforts at deglutition, which is, however, very painful. Her hearing seems somewhat impaired, and the cervical glands are enlarged, hardened, and painful to the touch. Upon the tonsils are several patches of soft cheesy material poured out from the crypts of the gland. These patches somewhat resemble those of diphtheria, and hence in Germany the disease is often called homeopathic diphtheria.

In this case we shall prescribe the usual treatment, which you have already seen to bring about a cure in a few days. When a

patient presents himself at the dispensary, complaining that the throat has been sore for some days, and symptoms of acute tonsillitis are present, the fauces are first thoroughly washed with my antiseptic solution. Then not only the inflamed tonsils, but the adjacent inflamed surfaces, are carefully painted with a solution of nitrate of silver, one drachm to the ounce, and the following gargle prescribed:

R.	Potassi bromidi . . . . .	3	iv
	Potassi chloratis . . . . .	3	i
	Tr. ferri chlor. . . . .	1	3
	Ext. glycyrrhizae . . . . .	3	i
	Aqua . . . . .	q. s. ad	1
M.	Sig.	A teaspoonful in water every two hours;	
		gargle and swallow.	

In this formula there is a chemical reaction between the tincture of the chloride of iron and the chlorate of potash, by which free chlorine is liberated, and so acts as a disinfectant. The resulting iron salt is highly astringent, while the bromide, besides its local action, diminishes the reflexes and adds to the patient's comfort.

After all, however, it is the argentic nitrate that relieves the suffering. It is worse than useless to apply a weak solution, as it is painful and seems to act as an irritant; while the application of a solution of one drachm to the ounce produces no disagreeable sensation, but is followed by a sense of comfort. After the application, a tenacious film of albuminate of silver forms, adhering closely to the surface, (doubtless containing some undecomposed silver nitrate), and thus the astringent and sedative effects of the silver are kept up for some hours. If, after that time, the tonsils be examined, they will appear paler and smaller than when first seen.

<sup>1</sup>Delivered to the Fourth Year Class, University of Pennsylvania.

These applications are made in the dispensary once a day to patients requiring them, care being taken that none of the nitrate of silver solution drops from the cotton swab so as to get into the larynx, where it would produce severe spasm of the glottis. Sometimes a single application will effect a cure in acute tonsillitis. In no case has it been found necessary to make over three applications, the cure being usually complete on the fourth day.

At the end of ten days, the tonsils, if chronic hypertrophy exists, may be removed with the tonsillotome or wire snare, or shrunken away by repeated use of the galvano-cautery, and a return of the disease in this way prevented. Unless this is done, the patient who has had one attack of acute tonsillitis will certainly have others.

#### Influence of Nasal Catarrh on the Production of Acne.

The next case I bring before you simply to illustrate what I remarked in a former lecture on the effects of nasal catarrh in producing acne and other skin-diseases of the face. When you first saw this young woman, she was suffering from hypertrophic nasal catarrh, and her face was covered with comedones and pimples. As the result of treating her nasal disease, and without any other treatment, these have disappeared. She, however, complains that a small lump or tumor beneath the scapula, owing to its position, annoys her exceedingly. Now, we not only have acne upon the face, but it attacks the chest and back as well. This, then, may be a sebaceous cyst, and we will make a little opening through the skin and remove its contents, thus for the time being relieving our patient of this annoyance, although the cyst will probably fill up again unless its sac is dissected out. Instead of the usual cheesy contents of a sebaceous cyst, however, we find this to be a hard substance. It is nearly round, of about the size of a BB shot, and evidently calcareous. Upon section, as you see, there is a hard white nucleus, with softer and darker layers about it. It looks exactly like a calculus from the urinary bladder. It may be a sebaceous cyst that has undergone calcareous degeneration, but I confess I have never seen anything like it before. As a little wound is sometimes followed by erysipelas, and gives as much trouble as a big one, we shall use here an antiseptic dressing.

#### Nasal Polypus.

The third patient, Isaac B., 71 years old, came to the nose and throat dispensary May

17, complaining that he could not breathe through the left nostril. On inquiry, we learned that he had had asthma for 15 years, that there was pain low down in his throat on the left side, and cough and expectoration of pellets of mucus resembling boiled starch. An examination revealed a large polypus in the left nostril, while the right nostril was large and patulous. The mucous membrane in the lower or respiratory portion was somewhat atrophied, but that of the middle turbinated bone was swollen and pressed against the septum. There was also evidence of chronic laryngitis, the arytenoids being red and somewhat swollen, and the vocal chords muddy-looking.

After two days' preparatory treatment, Dr. Gleason removed the polypus, which was hard and somewhat fibrous in character. The operation was painless and bloodless, and gave immediate relief. It was followed, however, by an increase of the asthma, which prevented his sleeping. Dr. Gleason subsequently removed as much as possible of the hypertrophied mucous membrane of the middle turbinated bone with Farnham's alligator cutting-forceps, and I applied the electro-cautery to the same region on June 2.

On June 15, the patient reported that he had had no asthma since the last operation. A few days later, he reported that he had had a slight attack of asthma the day before, and Dr. Gleason applied the electro-cautery to the middle turbinated bone of the right nostril, destroying its hypertrophied mucous membrane. This was done on June 23. Since then, the patient has reported that he has had no asthma since the last operation, and that his pain and cough have left him.

We have here, then, a case of nasal asthma and cough due to pressure upon the septum in the region of the middle turbinated bones, and the man has been apparently cured by the treatment adopted. The mucous membrane of the nose presents a fairly healthy appearance. There are no symptoms of laryngitis, and the chords have regained their normal white color. That the cure will be permanent is probable, judging from the records of similar cases. We will direct the man, however, to continue using the modified Dobell's solution as a wash, which he has been doing since commencing treatment, and to report at the dispensary from time to time.

You will observe that it was not the presence of the polypus that produced the asthma and cough. Its removal was followed by increase of both these symptoms, probably as the result of increased swelling

of the mucous membrane of the middle turbinated bone in consequence of the operation, and the consequent increased pressure on the septum. Bear in mind, it is pressure on the septum in the region of the middle turbinated bone which produces these reflex symptoms. Patients with nasal asthma ordinarily tell you that the asthma began long before there was any polypus in the nose. This is undoubtedly the case in the majority of instances, and the asthma is frequently somewhat relieved after the appearance of the polypus. In the first place, there has occurred a polypoid degeneration of the mucous membrane of the middle turbinated bone, probably as the result of a local ethmoiditis, as claimed by Woakes, of London.

The swelling of the mucous membrane of the middle turbinated bone causes pressure upon the septum, and various reflex symptoms may result from this, especially if the same conditions exist in both nostrils and the septum is compressed, as it were, between the diseased middle turbinated bodies. As the polypus grows in the confined space between the turbinated body and the septum, the pressure upon the septum also increases, and the attacks of asthma are more frequent; finally, the polypus grows so large that it escapes into the lower or respiratory sinuses of the nose, and its weight stretches and decreases the diameter of its pedicle, thus relieving pressure upon the septum. Frequently, although the breathing through the affected nostril is impeded, the asthma and cough are not as bad at the time when the polypus is discovered.

The mere removal of polypi will not cure nasal asthma. The mucous membrane of the middle turbinated bones, frequently the whole mucous membrane of the nasal cavities and pharynx, must be made to assume a healthy condition. When this patient first presented himself, the slightest touch of a probe in certain parts of either nostril and the pharynx would bring on an attack of asthma, or, at least, violent coughing. This hyperesthesia of the mucous membrane has disappeared since the removal of the pressure on the septum and the application of the iodine and iodide of potash solution in glycerine. This has been applied twice a week in the dispensary. The formula is as follows:

R Iodi . . . . .	gr. viii
Potassii iodidi . . . . .	gr. xxiv
Glycerini . . . . .	fʒj

He at one time also used the iron and potash gargle as a palliative while suffering from laryngitis.

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## COMMUNICATIONS.

### PROGRESS IN THE TREATMENT AND CARE OF THE INSANE: HOSPITALS RATHER THAN ASYLUMS.

BY D. H. MOUNT, A.M., M.D.,  
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In these days of the telegraph, the telephone, the type-writer, and other instruments which we call the improvements of the nineteenth century, but which undoubtedly make us live all the faster and serve to tax the brain, it seems meet that attention and careful study should be given in proportion to the wrecks of humanity which all these economizers of time help to cause.

The statistics of the Life Insurance Company of the New York Produce Exchange are of interest in connection with this statement, for, as this is one of the oldest mercantile bodies in the country, and as it is in such places that steam, electricity, and all other devices which now enable a man to do the work in as many minutes as formerly it took so many days to accomplish are most appreciated, it probably furnishes as good an index for the purpose as can be found.

Nature seems always to provide a remedy, crude to be sure, when any injury occurs to the human mechanism; with man it remains to develop and carry out the hints so furnished.

To this are we indebted for the improvements in the treatment and care of those who have been rendered *hors de combat* by the strain produced from the methods of the current century.

Those people who deplore the passing away of the old stage-coach days, the slow post, and who think that the days of our grandfathers were more comfortable to live in than the present, are certainly right, if it cannot be shown that, as the evil has progressed, the remedy has kept pace with it. If insanity has increased, and it can be shown that the new cases received each year are out of proportion to the growth of the population, and that the recoveries are fewer, then these wishers after the "good old times" are correct.

Statistics in regard to the number and

condition of the insane will be of interest to those desiring this information.

These will show at a first glance that insanity has increased out of proportion to the increase of the population, notably in New York; but several important points must be borne in mind whilst considering them. First, the different view with which almost all people now look on the disease called insanity. Formerly it was considered a disgrace for one of a family to be known as being insane; hence such cases were kept secluded as much as possible. Instances are numerous in which families, even in very ordinary circumstances, have had small brick or stone houses built to confine an insane relative in, rather than have it noised about the county of which they were residents that they had a relative who was crazy and in the lunatic asylum. All of these cases were, of course, lost to statistics, whilst now it is a comparatively rare thing to find a concealed case, and everything gets into the enumeration. Again, from better care and improved methods of treating them, the chronic insane live longer than formerly, thus increasing the grand total each year.

Of the foreign population increasing our rate, much has been written and spoken of. That these people do increase the rate seems to be an established fact, nor can it be wondered at when it is looked into closely. Here are a number of people who have been living quietly at home with probably no ambition for the future beyond the condition of life which their fathers enjoyed. (I speak more particularly of the German rustic, for he it is who predominates among our foreign insane.) One of these hears wonderful stories about the New World; he sees a former resident of his village return for a visit who left there for America but a short time before, poor, but who now has plenty of money; he determines to emigrate; he takes the savings of his lifetime, makes the voyage, and arrives here; but what a disappointment often awaits him.

He finds, instead of the quiet village people he left at home, a multitude of people, all striving to their utmost for the almighty dollar; work he finds hard to get; his money all gone, no friends to encourage him, what wonder, then, that despair, suicide, or insanity follows? Thus, whilst had he remained at home he would most probably have enjoyed good mental health, here from worry and disappointment he becomes insane.

Much has been done in this country by alienists such as Mills, Seguin, Spitzka,

Hughes, and others, so that in looking carefully over the field it will be found that, as a new phase of the disease presents itself, skill in treating it has been developed.

This is more particularly true of acute cases and of those cases which formerly were not recognized as pertaining to insanity, but which are now known as such, and by treatment a threatened attack of the disease prevented.

Blandford, in a recent address, made use of the following expressions in regard to the treatment of the insomnia in acute mania:

"When I began to practice, there was nothing but opium and its compounds; but to give opium or morphine to a patient in this stage would certainly have the effect of not producing but of preventing sleep; now there are the bromides, urethan, and numerous other hypnotics."

What Blandford calls the moral treatment has also been put in practice most successfully. Patients are now more carefully classified, and an attempt is made, with good results, to awaken a dormant sense by throwing them in contact with rational people, the Belgian plan of placing patients in the families of farmers being particularly successful.

The old custom of putting every obstreperous patient under restraint by means of apparatus has been done away with, I may say, in all the private asylums, and, where the patient's friends are able to pay for the extra attention involved, in most of the large institutions also; some of the more advanced ones maintain that they have no restraining apparatus about the place.

Whilst the writer was junior interne in a large New York hospital, there were numerous surgical dressings to do, and he found that in order to get through the work between 9 A.M. and 1 P.M. his time must be economized. Soon it was seen that, among the more painful dressings, time could be gained by carefully observing the patient. It was found that when the patient expressed his feelings by making great outcries whilst the dressing was being done, that on the completion of the dressing he was in good condition; per contra, it was found that those patients who said not a word, but who bore pain with firm-set jaws and white contracted lips, needed more attention afterward and really suffered more and were worse off than those who had made so much noise. It was felt that it was with the one who was making the noise as if the surplus steam was going off through a safety-valve; while with the other, as if the safety-valve had been

tied down, and an explosion imminent at any moment. With the insane who are being restrained, the same thing is undoubtedly true; their sufferings from their delusions causing them quite as much pain as if everything were true which they imagine.

A patient in my care, whose father is the owner of a palatial residence just outside of New York, one night went to her window and declared she saw her father's house of burning. She described the different phases of the fire, and called on imaginary people present to save her father and mother from the flames.

Of course, soothing measures could avail nothing in such a case as this, but grs. lx of sodium brom. were given by force, after which the patient was allowed to move about the room as before. In an hour, an additional 60 grs. were given in the same manner, which was followed soon after by a complete quiet, and finally sleep. Formerly, in a case like this, the straight-jacket would have been used; but would not such treatment have put the patient in the same position as the one with the firm-set jaws mentioned above—or, in other words, would not the safety-valve have been tied down? On another occasion, when this same patient was in a "walking mood," and when it seemed proper to take some active measures to get her in a recumbent position because of the swelling of the feet and legs, and when she was observed leaning against the wall asleep, it seemed an opportune moment quietly to move her to her bed, and, by using mild force, get her to remain there. This was accordingly done, but with the opposite effect from that desired, for almost at once she became aroused, and, the longer she was held, the more violent she became, until it was seen that no good could be accomplished. Here, again, the bromide of sodium was given in large doses and with the same good effect as before.

In the old days, when, as Blandford says, they had nothing but opium and its compounds, and when a patient was in such a condition, restraining apparatus would surely have been used because there would have been nothing else to have resorted to—would not she, almost to a certainty, have had an attack of acute mania? As it was, the bromide put her in a profound sleep, which lasted for some hours, on waking from which she ate the food which had been placed at her bedside, and then again went to sleep to awake at intervals and take her food as before.

In such cases, the disposition among the

more advanced teachers is to give the patient the greatest amount of freedom consistent with safety.

In quite similar cases apparently, but where the patient's brain was anaemic, the writer has procured quite as good an effect from the administration of small doses of either alcohol or opium. When the ophthalmoscope can be used, the differential diagnosis between congestion and anaemia is, of course, easy; but where the patient persists in keeping her eyes closed, or will not keep quiet, this means of deciding is out of the question, and the other physical signs must be the guide. These, however, cannot always be relied on to a certainty, for the anaemic patient will often have a fair pulse, and, more often than not, a flushed face. This treatment of congestion and anaemia is well illustrated in the headache of the sane. Their anaemic headache is cured by ammonia, a good dinner, or some other kind of stimulant, whilst the bromides take care of the congestive form. As progress has abolished for the most part some kinds of restraining apparatus, it has also brought other kinds into use. One in particular, which prevents the habit of self-abuse in the female, is worthy of mention.

None but those who have had such patients under their care, and who have tried hard to have them stop their habit, can have any idea what a relief an apparatus of this kind is, for, however much the patient may wish to prevent it, she oftentimes yields to temptation if left alone at night, and in a short time may undo the good results obtained after weeks of care. The apparatus is not a disagreeable one, and is worn readily at night by those particularly who are afflicted with sub-acute melancholia and who wish honestly to break themselves of the habit. This is a great advance, because to remove, or in a measure control, masturbation in the female is to remove a potent cause for insanity.

The giving of food forcibly to those who, with suicidal intent, refuse nourishment has been done away with by many, it having been found by close observers that if food is kept constantly before this class of patients, and if it is replaced by fresh food at regular intervals, whether the first has been touched by the patient or not, they will, if not too closely watched, steal a small quantity of it and eat it; then, if no notice is taken of it, in a few hours they will take more, until finally they will in a short time be found eating their full ration. What Blandford calls "judicious neglect" is, I think, very

applicable in such cases. I quote a typical case from my history-book :

Monday, Aug. 20.—Patient took breakfast as usual this morning, but at dinner refuses everything and declares that "her insides are all gone" and that she could not take anything even "if she dared to."

Tuesday, 21.—Absolutely refuses to dress herself or be dressed ; pulls clothing off as fast as put on ; breakfast with cup of milk left in room. 1 P.M.—Has taken no food ; breakfast removed, and dinner with fresh cup of milk put in its place. 4 P.M.—Whilst unnoticed has drank cup of milk, which was replaced at once by more. 6 P.M.—Dinner removed and replaced by supper.

Wednesday, 22, 6 A.M.—Milk has disappeared ; more milk placed in same manner, which also disappeared as soon as patient could take it without being observed, which was in a few minutes ; more milk supplied and breakfast taken in room at regular time, the supper of previous night being then removed. 9 P.M.—During the rest of the day, the same process was gone through with as before, the patient taking three cups of milk when unobserved, but leaving the other food untouched.

Thursday, 9.30 A.M.—Whilst thinking herself unobserved, patient has eaten everything which was taken in for breakfast, not leaving a scrap of anything. Dinner was eaten in the same way, and long before supper-time she asked how soon it would be ready.

In pursuing this plan, great care is taken to have the food changed at the proper intervals, and that it should be made as tempting as possible, not only to the sight, but also to the sense of smell. I have heard patients say, when a savory dish was being carried in by an attendant : "It smells good, but I must not eat it."

Former habits and tastes bear looking into, in this respect. I have had a patient who took nothing but ice-cream for several days. It was supplied to her, all she would take, and it was good, too, according to her estimate for its taste ; but the doctor watched it, because it contained albumen, starch, sugar, etc., and he was well satisfied. Of the different medicines used, hyoscyamus and its alkaloids stand in the front rank, whilst others are being constantly tried and put among the feasible remedies. One thing seems worthy of note, and that is that heroic doses, given at long intervals in the disturbed cases, are of more avail than small doses given frequently. Hypodermic medication may be made useful in the future, and cranial

surgery is pushing to the front and received with great favor. Whatever progress has been made in the treatment and care of the insane in the public lunatic asylums is, I firmly believe, comparatively little compared with what will be done in the near future, if all signs are true.

Dr. Hughes, of St. Louis, in a short but able article in the *Alienist and Neurologist*, January, 1888, calls for the separation of all political influence from the State lunatic institutions, and gives the best of reasons therefor.

Suppose we go still further and ask for lunatic hospitals conducted on the same plan as any other hospital, where a regular house staff could be admitted by competitive examination, and the hospitals located near enough to the cities so that specialists could be of the visiting staff and constitute the examining board. This would do away with political influence for the most part. Take, for instance, Bellevue Hospital, New York, for if there is any place in the world where political influence reigns supreme it is in the city of New York ; yet be it said to the credit of the hospital that the man who comes up for examination, among the large number who usually come before the examining board for the few positions, knows that his knowledge of medicine will get him the coveted position, not his fine appearance, his money, or political influence. Could every city or town in each State which is large enough to have a hospital have a department for the insane attached to it, where the conditions as regards the visiting and house staff could be as before mentioned, I believe that much progress could be made, because the hospitals would be smaller than the asylums ; the patients would therefore be more directly under the care of the house staff, for there would be fewer to look after, and much that is now left to the observation of attendants for information could be obtained by the house staff itself. The specialist would be benefited, because he would have opportunities of observing patients during the whole course of their illness, many of whom are now as a closed book to him, once he has sent them to an asylum, and for the same reason the patient would be benefited, because the specialist would have a wider field of observation.

In following out this plan, the asylums could be used as hospitals for the incurables. In general surgery and medicine, we have our hospitals for incurables, and why not have the same for the insane ? As it is now,

the acute cases of insanity and the incurables are all sent to the same institution. What would be thought of the medical man to-day who would send a case of pneumonia to the home for consumptives, or a fracture to the hospital for incurables? And yet is not that what we are all doing with our acute insane in this the nineteenth century?

That the asylums are overcrowded, and more work is given the medical men to do than they can observe closely, instance the experience of the New York *World* reporter who stayed a number of days in an asylum and wrote a lengthy article thereon, which brought unfavorable comment on the management of the institution from the public. Could such a thing have happened, had the conditions been such as have been suggested? Could this reporter have accomplished the feat so easily, had there been three medical men looking after, say, one hundred patients in their division, and a "visiting" staff going the rounds once a day? Of the practices of hospital beats, every "hospital man" is familiar; and whilst I have seen them admitted to the wards either through hasty judgment or curiosity to see "how they did it," my experience is that, however well simulated their trouble—and it is often as well put on as the reporter's—they seldom remain longer than one day. During my service, a patient was brought to the hospital by an agent of one of the merchant princes of New York, who, through a salaried man doing nothing other than looking after the sick poor, took this means of distributing his charity in an unostentatious manner.

The patient was supposed to be suffering from hemiplegia, and all the signs pointed to that as a correct diagnosis; but something about the appearance of the patient led to a thorough test being made; something led to the belief that she was a sham.

Etherization was accordingly ordered, as the most sure means of making the diagnosis. The patient, on hearing this, protested most vehemently, and, as her protests were not listened to, had the agent take her from the hospital. The agent, an old man, in a few weeks returned and apologized for the trouble he had made (for he was most emphatic at the time in his recommendation of the patient—"she was his old Sunday-school scholar," etc.), and said he had been completely deceived, for, on calling to see her a few nights before, he had found her drunk, and that for some fancied slight she had caught hold of him and forcibly ejected him from the house. All "hospital men" will recall instances of similar kinds. Of the

asylum men, their opportunities of observation must necessarily be not so great, because two medical men looking after, oftentimes, from 700 to 800 patients (for the superintendent can in such a large institution have little or no time for medical work) must find it impossible to make the finer distinctions; and, as before mentioned, the attendants must be relied on chiefly for information. The writer is aware that there are at least three institutions in the country conducted somewhat on the plan suggested. That is to say, they are branches of general hospitals; but, unfortunately, the customs of a hospital, in regard to the visiting staff and the house staff, are not carried out.

Space forbids here any full discussion of such a fruitful subject; but it is hoped by the writer that the hint furnished may lead to some good, and that if his suggestion of small hospitals for the insane, instead of large asylums, should meet with the approval of others, the proposition may be put in practice and brought to success.

#### DIAGNOSIS OF SCARLET FEVER.

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There are changes and modifications being wrought in diseases from year to year, and pathological conditions are modified by the circumstances attending and present in each case of disease; this doctrine now believed to be as true as that the evolution of an animal with new anatomical features may be a creation of new environment. It is hardly necessary, in support of this, to more than call attention to the numerous diseases of ancient times, to which the present generation are not subject; and one need only refer to the few new diseases of the past century, to which the previous medical history of the world furnishes no analogue. When one looks back in review over the various modes of living of the human animal, and considers how great the change has been from the habits of life of man in the high civilization of this age, as compared with those in which he was created, or those even in which numbers of the race still live to-day, it seems no more remarkable that his diseases should be modified by these circumstances than that there should be greater differences (physically) between men than between some of the human race and the monkey.

The individuality of each case impresses itself more and more each day on the prac-

ticing physician, and he is often puzzled to know just what answer to give when accosted by an anxious friend of his patient with the inquiry "What is it, Doctor?" For the case is not typical (so very few are); there are features like those of typhoid fever, and yet the whole aspect of the case will not warrant the proper use of that name, or in fact of any but that execrable expression "A complication of diseases," behind which barrier one retires to wait, like Mr. Micawber, for something to turn up.

Even those diseases which under ordinary circumstances seem so easy of recognition may be masked by unusual features, so that there may be no knowledge attainable of some of the circumstances of the case, such as exposure to contagion; and we lose valuable time in treating the first cases in an epidemic by waiting for the typical signs.

The above is only a preface to the history of some cases of scarlet fever presenting anomalous symptoms, and is offered simply as a suggestion that this disease may be undergoing a modification in its characteristics at the present time, just as typhoid fever is by some believed to be doing in certain malarious portions of this country.

Dr. Woodward, in his paper before the Medical Congress at Philadelphia in 1876, suggested the name typho-malarial, which has been found to be applicable to many cases, and has been very generally adopted throughout this country in order to mark a disease which is different in some respects from the characteristic typhoid fever. "According to Mayer, the merit of having shown measles to be a malady distinct from scarlatina must be ascribed to Forester and Sydenham. It is not clear, however, that the two diseases were accurately differentiated till the close of the last century, and notably by Withering in 1792."<sup>1</sup>

These two diseases, it is said in most textbooks upon the subject, are now so clearly defined and differentiated that no mistake should be made in recognizing them; but that cases may occur early in an epidemic, or when no exposure to either disease is known to have occurred—cases which defy absolute recognition—has been maintained as a fact by deeper thinkers and closer observers than your essayist; and this position can but be supported by two of the cases cited below.

The first of these cases for which medical attendance was asked was that of a child five years old. He had been complaining

for a few days, and had an eruption which was supposed to be measles, and which so resembled the eruption of measles that it was pronounced to be this disease by a physician. The case presented the coryza, congested eyes, and catarrhal bronchitis common in the early stage of measles, and the eruption presented none of the efflorescence or diffused scarlet-blush of scarlatina, but, on the contrary, was distinctly maculated and was of a dull or deep-red color, disappearing on pressure; the tongue was not the strawberry tongue of scarlatina, and, while there was sore throat, it was no worse than is often found in measles, and moreover had no appearance on the uvula or elsewhere to lead to any opinion but that the case was one of measles and of no more than ordinary severity. The child was one of a family of four children living in the country, and had not been off the farm or had young company for many weeks, and had not been exposed to any contagious disease of any kind. The other members of the family were supposed to have been free from any exposure also, though a boy and girl of the family came into the city of Trenton to school every day.

This was the state of affairs as presented to the attending physician on Monday, February 13, 1888.

The case progressed favorably, without any untoward symptoms or any indications of being more than an ordinary case of measles, until Thursday evening. The breathing then quickly became difficult, there was tumefaction about the neck, and the symptoms became alarming. Friday morning found the conditions materially worse, the throat being covered with a diphtheritic membrane and the case presenting all the throat-symptoms of a malignant scarlatina anginosa, with fetid breath and an excoriating discharge from the nose. The tongue was brown and covered with sordes. The child struggled for breath through the day, and died near midnight.

On this day (Friday), an older son was taken ill with sore throat and an eruption, having had a slight chill the day before. He had a strawberry tongue, and the soft palate was characteristic in appearance, and so was the eruption a day later. He had a typical scarlatina, which ran the usual course to recovery.

A day or two later, an older daughter also began with the disease, but the signs (eruption, etc.) were not so marked. It was a regular case, and advanced slowly to recovery.

<sup>1</sup> Pepper's System of Medicine, vol. i, page 557.

Now, to go back and trace the means by which the disease was brought to this house leads us to the consideration of a second case, presenting the disease in an unusual form.

The remaining child in this family was a girl 13 or 14 years old, going in the city to school every day before this outbreak. A close examination of this child led to the discovery that there was a slight desquamation going on about her wrists; her face was puffy, and an examination of her urine showed albumin, epithelium, and a few epithelial casts.

Questioning developed the fact that for a day or two in the preceding week she did not feel well, had a slight sore throat, and stayed away from school, and at the house of a relative in the city. She did not see any eruption or know that she had any, nor did the sore throat last more than a day or two. She took no medicine, and went home on Friday (February 10), three days before the little boy was taken sick. Albumin was present in the urine of this patient for a week or two, disappearing at times for a day or two, and again appearing; there was oedema of the face, headache, loss of appetite, etc., but all soon disappeared and she was soon well.

The unquestionably was the medium by which the other cases were established, and it was shown that she had not been exposed to the disease, so far as she knew, excepting in passing at school a girl who had had it three weeks before, but who had on the same dress on returning to school that she had on when going home sick; there had been no contact, but simply a passing of each other in going about the school-room. It would be interesting to know with how much care this clothing had been disinfected or aired, but it can hardly be doubted that the period was too short in which this young girl was allowed to return to school, after being ill with scarlet fever, to be shut up for a whole day with a number of susceptible young people.

The fifth case was in the house of the relative in Trenton, at which the patient last spoken of staid for a few days while indisposed, and was so unlike typical scarlatina as to lead to great doubt in the mind of the attending physician that it was truly this disease, though he had seen the patient frequently, and was on the watch for it because of the known exposure. The child remained well for fourteen days after exposure, and was considered past any chance of being ill, as the ordinary period of incubation

is so short—three to seven days—and may even be very much shorter, as the next case will show. On about the fourteenth day she had slight rigors, and on the next day a slight rise of temperature, with a faint blush in the throat, which was very little sore. She also had an indistinct and ill-defined rash on the skin, under the clothing only. These signs soon disappeared, and, without other symptoms, the recovery was established. Taking into consideration all the facts, this was considered a case of scarlatina, and was, in my opinion, very properly quarantined for some time as such and reported to the Board of Health. But what a different view of this case might have been taken, and how grave the possible consequences, if the history of exposure had been less clearly known.

Case six is of a kind unique in the experience of those physicians to whom it has been cited, and in my own, though similar cases have been reported and may have occurred quite often without being known as having originated in so direct a way, *i. e.*, by inoculation. The patient was about 48 years of age. He had had cardiac asthma and a catarrhal bronchitis for a year or more, accompanied with tickling in the throat and annoying cough at night, with little if any expectoration. The uvula was found greatly elongated and relaxed so that it dragged down on the base of the tongue and against the posterior wall of the pharynx when the patient was in a recumbent position. On Tuesday, February 21, 1888, an effort was made to amputate the uvula. Forceps were fastened on it, but so much nausea was induced (he vomited his breakfast in my office), and the throat was so sensitive, that the effort had to be abandoned. The next morning, with the aid of a spray of a two per cent. solution of cocaine, the amputation was easily accomplished, and without pain or unpleasant symptoms, such as occurred the day before.

The next day he had pain in the back and legs and head, no appetite, nausea, and toward evening a severe chill. The throat presented a scarlet appearance and was quite sore. The next day, Friday, he vomited freely, had great pain in his throat, which was intensely inflamed and had a diphtheritic patch on the stump of the uvula. In the evening he had a temperature of  $102^{\circ}$  and was covered with an eruption characteristic of scarlatina; pulse 130. This patient had the disease severely in a typical way; it ran a regular course, and recovery followed in due time without accident or complication,

excepting that there was albumin in the urine one day, and an abundance of epithelium all through the stage of desquamation from the skin ; this, however, cannot be an unusual occurrence, as no doubt the epithelium of the mucous membranes that have been covered with the eruption is thrown off just as the epithelium of the skin is. He had not been exposed to scarlet fever in any way excepting through me, the cases above related, with one exception, being in my charge at the time.

The atomizer, scissors, forceps, etc., had not been near the other patients, but a pocket tongue-depressor used in his mouth when the amputation was done had been used in the mouth of the boy that died, five days before, when the disease was still supposed to be measles, but not since. It had been washed frequently and used in other mouths meanwhile, and no trouble had resulted in any case, though it had been in the mouths of children, and it is my firm belief that there would have been none here if the operation had not been of a kind to open the mucous membrane. Evidently this case was one of inoculation ; this opinion is supported by the short period of incubation (thirty-six hours) from the time of operation to the time of chill, and by the fact that the patient had long passed the age when there is ready susceptibility to the disease.

I had not been in the presence of scarlet fever patients for more than forty hours before the amputation was done, and it seems hardly likely that the disease was carried by my hands or person, more especially as my hands were not in the mouth, nor was anything else but the instruments named.

This series of cases presents some unusual features, and it is easy to make practical deductions from them which may be useful in the conduct of other cases, for it is only by a careful observation of the unusual features in a disease that we can hope to be prepared to meet and conquer emergencies as they arise. 1. Scarlatina often deviates from the true type, as we know it, and may be so masked as to resemble another disease so closely as to make the differential diagnosis very difficult, or even impossible in its early stages, and sometimes in any stage. 2. The danger of contagion from these cases is increased greatly, and the fever contracted in this way may be of a severe and fatal kind, so that 3, this is a disease we should exercise unusual care in detecting and quarantining. 4. The disease may be inoculated when the virus has access to the blood, and more than ordinary care in cleansing instru-

ments such as the tongue-depressor and thermometer is required, and there should be thorough disinfection before their use in any surgical operation. The same disinfection is necessary also before obstetrical cases are attended. 5. Careful and frequent examination of the urine for albumin, epithelium, and casts is a valuable diagnostic measure, and may forewarn the attendant of approaching danger of uremia, and may save a sudden fatal termination of the case when it is supposed the patient is convalescent.

#### AN OPERATION FOR STRANGULATED INGUINO-SCROTAL HERNIA.

BY B. BRABSON CATES, M.D. (UNIV. PA.),  
MARYVILLE, TENNESSEE.

Sam Curtis, man, white, æt. 40, laborer in a steam saw-mill, has been troubled with hernia since he was ten years old ; has never worn a truss, and never had any difficulty in reducing the protrusion until June 12, 1888, when, after some heavy lifting, the hernia came down and defied all his efforts to replace it. He said nothing about his trouble, but kept at his work, suffering with pain over the tumor and in the region of the umbilicus, and with constipation and tenesmus, until early in the morning of June 14. He was then seized with nausea and vomiting, and the pain increased so that he was compelled to seek medical aid. My friend, Dr. J. W. Hannum, was summoned, but, owing to the fact that the patient lived at a considerable distance in the country, did not get to see him till about 10 A.M.

Having failed to effect reduction after trying all available means, Dr. Hannum courteously summoned me to see the patient with him in consultation. I found the man in the afternoon of the same day, living in a small cabin, the hygienic surroundings of which were deplorable. His face was flushed, his features pinched, his eyes bright, his mouth dry, his tongue furred. He had considerable thirst. His bowels were constipated. He had slight fever. His pulse was small and rapid, and his respiration was accelerated. On examination, I found on the right side a smooth, oval, tense, semi-elastic tumor, tympanitic on percussion. The scrotum on the same side was greatly distended and so very tense that it could scarcely be indented by very firm pressure, while the tumor extended well out along Poupard's ligament. I diagnosed an inguino-scrotal enterocoele with some of the

August 18, 1888.

*Communications.*

203

characteristics of an inguino-crural hernia, inasmuch as while the scrotum was distended to its utmost, an additional loop of intestine descended and protruded outward along the folds of the groin, as was proved by a subsequent dissection. I employed judicious taxis, remembering the injunction laid down in Prof. Ashhurst's surgery that "if a moderate and cautious employment of the taxis does not afford relief, the sole hope of safety lies in the use of the knife." Taxis did not make the slightest impression on the tumor.

Dr. Hannum and I then agreed to etherize our patient, with the understanding that, should we fail to reduce the hernia, we were to operate, a determination which was accepted by our patient. Having fully etherized him, and employing taxis to no avail, Dr. Hannum asked me to operate, which I did, cutting directly down upon the tumor in its long axis, so that, as recommended by Prof. Ashurst, the position of the external ring would be a little above the middle of my incision, which was about three inches in length. I picked up each layer of tissue and divided it upon a grooved director until I relieved the stricture in the neck of the sac. I performed the ordinary operation of opening the sac, having first tried Petit's method. I found the bowel considerably congested and swollen. Dr. Hannum then reduced the bowel and stitched up the wound, dressing it strictly antiseptically. Strict antisepsis was observed both before and after the operation.

The patient rallied well, but complained of slight pain in the region of the umbilicus. We left him late in the afternoon, with strict orders as to diet, and the use of opiates should the pain continue; but, happily, opiates were not needed.

I saw him the following day about 10 o'clock A.M., when his temperature stood at 100.1°; his pulse was 104, and his respiration 18, while the pain had disappeared from the region of the umbilicus. His tongue was coated yellow; his bowels had moved four times during the night. To check this, I ordered opiates. June 16, at 2 P.M., his temperature was 100.1°, his pulse 82, his respirations 15. His tongue was still furred and his bowels had moved twice. June 17, at 2 P.M., his temperature was 99.3°, his pulse 75, his respirations 15. I now drew off his urine, which was scanty and high-colored. His bowels had not troubled him. June 19, his temperature was 99.1°, his respirations 14, his pulse 72. His bowels had not moved and his kidneys were acting

well. June 22, his temperature was 98.1°, his pulse 66, his respirations 15. June 26, his constitutional symptoms being normal, and the wound having thoroughly healed except at the lower end, which showed a place the size of a pea, which would have to heal by second intention, I fitted him with a truss and dismissed him as cured.

The treatment during the first four or five days subsequent to the operation consisted in enforcing absolute rest on the back in bed, not even rising to respond to the calls of nature; with the use of a simple milk diet at first, and afterward an allowance of chicken broth and a little of the white of the chicken. When I dismissed him, I allowed him to return to a mixed diet.

It seems clear to my mind that this case tends to confirm the general opinion of surgeons, that a cutting operation, with the advantages of modern antiseptic methods, should be undertaken whenever a hernia does not yield to comparatively gentle taxis, and that the prospects of a patient are much better where the sac is opened than when the hernia is restored without doing this.

#### TYPHOID FEVER A CONTAGIOUS DISEASE.

BY JAMES W. PRICE, M.D.,  
FORT SMITH, ARKANSAS.

That form of fever known among medical authors as typhoid fever has in it certain symptoms which may be easily and readily defined; to go into a description of its diagnosis and prognosis would be foreign to the object in view in addressing you on this occasion.

The point which presents itself more forcibly to my mind, the one upon which I shall base my argument, is: "Is Typhoid Fever Contagious?" Can it be transmitted from a typhoid patient to another person who may be brought in contact with the case, but who at the time is in health and free from any form of indisposition whatever? I am aware of the fact that the conflicting opinions among the medical fraternity upon this peculiar and interesting subject have been discussed elaborately for years; but if there has ever been a definite conclusion reached I have yet to learn of it, though I have had an experience of some thirty or forty years in the profession. Each man assumes that his views are right and that his conclusions are based upon strict medical science. After investigating authors upon the subject and summing up the evidence, I am forced, from an honest convic-

tion, to believe that typhoid fever is clearly a contagious and infectious disease, and may be imparted to others who are totally free from any fever-germs. Dr. Flint says: "With respect to the contagiousness of the disease, there has not been unanimity of opinion. That it may be communicated under certain circumstances is certain, and that it frequently or generally originates spontaneously, irrespective of contagion or infection, is perhaps equally certain."

While acting surgeon in the Confederate army in the year 1860, my regiment was stationed near Savannah, Ga., upon a high dry pine-barren, with no swamps or lagoons from which could have possibly arisen malaria or miasma sufficient to have produced typhoid fever (I suppose some of the latter-day saints would have termed it typho-malarial); and yet we had, in a few days, some nineteen or twenty cases of genuine typhoid fever. Having railroad facilities at my command, I decided to send my patients home to their friends among the mountains, where they soon recovered and returned to their command. But now for the sequel. The report came back to the surgeon from the friends of these patients: "For God's sake, never send any more typhoid-fever patients home, as the disease has spread throughout the neighborhood." The conclusion is inevitable, that the typho-malarial hobby was exploded by the result which occurred on this occasion.

Flint says: "The contagiousness of typhoid fever is proved by instances in which persons, having contracted the disease in one locality, go to another in which the disease was not prevailing, and, of the residents in the latter locality, with whom they are brought in contact, a greater or less number become affected."

The contagiousness of this disease, either from direct or indirect causes, may be inferred from a writer in the *Medical Press*, who says that, in the examination of a certain barracks where this disease had prevailed, it was "ascertained that three of the recent cases had used the clothing and bedding of men that had been attacked. This led to closer examination of the clothing, and it was then discovered that the linings of the trousers were, almost without exception, soiled by dried fecal matter, of which a part probably had its origin in typhoid fever."

I have endeavored, in a succinct way, to present my views, trusting I might add something which may lead to investigation and draw out some eminent Boanerges who will enlighten the world upon the subject.

## Society Reports.

### PHILADELPHIA CLINICAL SOCIETY.

*Stated Meeting, April 27, 1888.*

The President, DR. MARY E. ALLEN, in the chair.

DR. CLARA MARSHALL read a paper entitled

#### A Report of Two Cases of Chorea Occurring During Pregnancy.

*Case I.*—Sallie M., 18 years old, single; menses established when 13 years old, always regular. Chorea was developed at the age of 10, increasing in severity (though to a more marked extent during pregnancy) until the time of her admission into the wards of the Philadelphia Hospital, in March, 1883. She attributes the chorea to mal-treatment at the hands of a relative, who was her caretaker. At the time of her admission into the hospital, the choreic movements were violent to the last degree, the patient not having the slightest control over herself, and the movements being sufficient to prevent her remaining in bed without restraint.

As the patient was pregnant, the advisability of terminating the gestation was considered; but finally she was transferred to the nervous wards, where, under the care of Dr. Charles K. Mills, she slowly but decidedly improved. The treatment, while in the nervous wards, consisted in the administration of antispasmodics and tonics: a combination of potassium bromide, with conium juice and liquor potass. arsenitis, was the principal medication. Careful attention was also paid to the diet, and stimulants, in the form of milk punch chiefly, were given.

The choreic movements were not present during sleep. The patient asserts that she was not conscious of being brought to the hospital, and that she did not recover consciousness until after she had been transferred to the medical wards. She was returned to the obstetrical ward June 7, 1883, at which time the choreic movements had almost ceased, and in this respect she remained in about the same condition until delivery. She was delivered of a child, weighing 5.8 lbs., June 24, after a normal delivery. June 30: Patient's general condition good; bowels regular; tongue clean; her hands lie perfectly still, except when attention is called to them, when they twitch slightly. She sleeps well; is taking no antispasmodics.

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The lying-in period was normal ; the convulsive movements disappearing entirely. She left the hospital in due time, taking her baby with her. Nov. 24, 1885, Sara M. was again admitted, with her second baby, at 5 days; no chorea. She was discharged Dec. 24, 1885, at which time mother and child were in good condition.

*Case II* occurred in the practice of Dr. Laure Hulme, of West Chester.—W. S., at 24; married; three children; youngest three months, oldest three and a half years. The chorea dates from the first pregnancy, lasting through each pregnancy, with slight improvement after delivery. The second delivery was a breech presentation, with still-born infant. No improvement followed this second delivery, as she almost at once became pregnant for the third time. There was at this time much nausea, which prevented the retention of medicines by the stomach. She could not stand alone, and walked with great difficulty; her arms and hands went through certain irregular movements before she could use them to carry out her wishes; the tendon reflexes were exaggerated; pupils responded normally to light; appetite good; bowels regular; no albuminuria.

She was delivered in July, 1887 (the labor being short and easy), after which she began at once taking ext. cimicifugæ flid. fʒij-fʒ iv a day, upon which she decidedly improved; she could walk very much better, but was not quite steady upon her feet, had to make several ineffectual attempts before being able to co-ordinate her movements. She continued to improve under the administration of cimicifuga. Her speech, which was much impaired when first seen, soon lost this feature, except occasionally; the facial movements began to be slight and ceased to be constant; uterus and appendages normal; heart's action regular; no sensitive point on spine; the insomnia disappeared, as well as the twitching during sleep. It might be stated here that, although there was no history of chorea previous to marriage, yet the patient had always been very nervous. Different remedies were tried in the case—hyoscyamus and Fowler's solution being the principal ones; all seemed useless until cimicifuga was given a trial, which proved beneficial.

As to the causes of chorea of gestation, Barnes says that it is doubtful whether chorea arises in the course of gestation, as a new disease. In case first it was a disease of childhood (partly aggravated by gestation). In case second it first manifested itself during

pregnancy, though the patient was one with a nervous diathesis, which is insisted upon by Barnes as a foundation for chorea of gestation, where there has been no chorea of childhood. Since chorea involves danger to life of foetus and mother, the question of terminating the pregnancy comes up (especially in the interest of the mother). Nature often solves this problem, and sometimes, even then, through procrastination, the mother's life may be lost. Barnes reports nine fatal cases; in five of these premature labor set in spontaneously, in four it was induced.

Besides medication and induction of premature labor, dilatation of the cervix uteri has been tried by Dr. W. F. Wade (Physician to General Hospital, Birmingham, England). In this case potass. bromide, tinct. valerian., chloral, cannabis Ind., were used without benefit; finally dilatation of the cervix was resorted to, under chloroform. Total amount of dilatation,  $2\frac{1}{2}$  inches. This was followed by steady improvement; there remaining only a slight twitching of the fingers of the right hand, and a little fidgetiness when watched, which disappeared after the birth of the child. Chorea may end in mania or melancholia, but even then the case is not hopeless, always. A case under the care of Dr. Charlton Bastian is entitled "Chorea during Pregnancy; semi-maniacal attacks, melancholia; recovery under the use of opium." In this case chloral and the bromides were first used, without avail.

#### *Stated Meeting, May 25, 1888.*

The President, DR. MARY E. ALLEN, in the chair.

DR. REBECCA FLEISHER presented a paper entitled

#### **Some Facts Concerning the Present Epidemic of Small-Pox in this City,**

and said: There is at the present time, as all are no doubt aware, an epidemic of small-pox in this city. The origin of contagious diseases is always interesting, and often instructive, even though the knowledge serves no other end than to demonstrate, over and over again, to a careless community, that the introduction of such diseases is, in almost all cases, preventable, even though their spread is not always so.

It may also stir up public sentiment in favor of increased exertion by health officers and others, that these may have the community supporting them, even if extreme efforts

should seem imperative, in order to meet the end of protection to the city from a great calamity. But it is not only useful as general information and for public use, but the physician sees in the isolated cases, following each other successively, their utter and complete dependence on contagion to induce the disease, and thus, over and over again, is illustrated the characteristic history of epidemics, as to their origin, mode of dissemination, and course.

This epidemic originated from carelessness in not recognizing an eruption possessed by a passenger on board the steamship Lord Clive, from England, arriving here February 1, 1888. This eruption was noticed, but not diagnosed, before he left the steamer. The passenger obtained board at 2024 Garrett Street, in the southern section of the city, Twenty-sixth Ward; remained there two weeks, and then went West. His soiled clothing was laundered by a woman on Forty-first Street, West Philadelphia, who later became ill with what the physician called *measles*; and it was only after she had been ill for a week that the true nature of the disease was recognized. She was then sent to the Municipal Hospital, where she died March 11. This woman's brother-in-law, living in the same house, had *vario-lloid*; these were the only persons in this district who were affected. On March 10, a new boarder at 2024 Garrett Street (the house in which the passenger from the Lord Clive lodged) was placed in the bed occupied by the emigrant, no change of bed-clothing having been made; this man became ill and was sent to the hospital. Later another boarder at the same house became ill, but desired to be nursed at his own home on Moyer Street, Thirty-first Ward, in the northern section of the city, and thus carried the disease there.

It was later learned that two other boarders in the Garrett Street house had varioloid, but the cases were not reported at the Health Office.

From March 11 to the 19th, there was no death, but on this latter date a patient from St. Mary's Hospital died.

The rapidity of the spread of the disease was not very great at first, although new cases were reported each day. The course of the spread has been erratic, beginning in the southern, then extending to the western, and then to the northern section of the city. The wards then in turn affected were the Twenty-sixth, Twenty-fourth, Thirty-first, Fourth, Eighteenth, Thirtieth, Third, and so on. The only wards, six in number, until

now exempt, are the First, Sixth, Eleventh, Sixteenth, Twenty-first, and Twenty-second. The Second Ward heads the list with thirty reported cases, nine of these being in one house on Temple Street, near Twelfth and Fitzwater. There was no doctor in attendance, and a relative, unconscious of the disease, reported at the Health Office the fact of a boy having been delirious for four days. On a visit to the house, seventeen people were found crowded in three rooms; twelve of the number were sent to the Municipal Hospital, although three of them did not develop the disease. Of the nine who were attacked with small-pox, four died.

The total number of cases reported until within a few days was 176; 81 of these were sent to the hospital; of this latter number, twelve died. Of the 95 treated in their own homes, seventeen died.

Without definite data as to the comparative severity of these two classes of cases, those treated at the hospital and those at home, and with so small a number from which to draw conclusions, it may nevertheless be interesting to note that of those treated in the hospital 14.8 per cent. proved fatal, while of those treated at home 17.8 died. Considering the disadvantages, in a mortality sense, of moving patients ill with any infectious disease, this certainly speaks well for the management of the hospital.

MARY WILLITS, M.D.,  
1527 Green Street. *Reporting Secretary.*

## PERISCOPE.

### Case of Vaginal Lithotomy.

Dr. W. Winterberg, of San Francisco, in a communication to the *Pacific Medical and Surgical Journal*, June, 1888, says that, considering the rare performance of this operation, a detailed account of the following case may not be devoid of interest. Mrs. McM., fifty-two years old, native of New Brunswick, for the last eighteen years a resident of Placer County, Cal., married, had six children at full term, and two miscarriages, following great bodily exertion. The last child was born in 1872. In each case the puerperium was uncomplicated and of short duration. She reached the menopause at the age of forty-six. About six years ago she fell, accidentally striking, with her left side, against a log of wood, and from this fall she dates the beginning of her ailment. She first complained of pain in the region of the left kidney, which would come and go at intervals; then she

August 18, 1888.

*Periscope.*

207

began to feel slight inconvenience in micturition. Two years ago she passed a little stone and a quantity of pus and blood; four or five months later there was another discharge of blood and pus, followed by a sensation of great relief to the patient. Afterward she became continually worse, and, being remote from competent medical attendance, did not receive adequate treatment. She finally came to the city April 19, 1888. Dr. Winterberg found her on that day completely exhausted and prostrated by the sufferings she had to endure during her long trip, and unable to leave the bed, since even the slightest motion would make her pains excruciating.

A continuous tremor was shaking her whole body, especially the lower extremities; the pulse was very small and rapid (125), and there was a striking pallor of the face. She complained of great pains in back and loins, and of very frequent micturition, the end of which was always accompanied with unendurable pain. A digital exploration of the vagina proved to be negative in consequence of the enormous thickening of the vesical walls, as was seen later. Being without a sound to explore the bladder, he had to postpone further examination until the following day, when he at once, after the introduction of the sound, discovered the presence of a large calculus. The patient being told that an operation would be necessary, consented without hesitation, and April 22 was fixed for that purpose.

Drs. Foulkes and Kreutzmann assisted, the presence of more assistants being dispensed with by the use of a leg-holder, which keeps the patient in the lithotomy position. One-third of a grain of morphine having been injected hypodermically, the patient was then anaesthetized, the A. C. E. mixture being used. The pulse was very feeble first, but soon rallied under the influence of the morphine. She was placed in the lithotomy position, and an incision was made over a grooved staff through the anterior wall of the vagina, commencing about at the neck of the bladder and extending exactly in the median line for about three inches, when, after the introduction of the finger, the stone could be felt in the fundus of the bladder behind the trigonum, imbedded to over half of its circumference in a diverticulum, and apparently firmly adherent. The adhesions were broken up with the finger, after which it was possible to grasp the stone and extract it with a pair of extracting-forceps.

The longest diameter of the stone was

two inches, the longest and shortest circumference being four and one-half to five and one-half inches respectively, and the weight being 900 grains. The bladder was then washed out with a weak solution (1-8000) of bichloride of mercury, and the wound closed up with twelve catgut and six silk sutures; a soft Nélaton catheter was introduced through the urethra into the bladder, and fixed by strips of adhesive plaster for a permanent draining, and about a quart of a three per cent. solution of boric acid used twice a day for washing out the bladder; simultaneously a 1-5000 solution of bichloride of mercury was used for irrigating the vagina twice daily.

The patient was placed in bed with hot bottles to her feet, and she soon recovered consciousness. She declared that she felt greatly relieved, being free from pain for the first time in the last six months. The universal tremor gradually passed away, and she began to gain strength. When Dr. Winterberg saw her on Wednesday morning, the third day after the operation, he learned that the catheter had come out of the bladder the preceding night, after a severe attack of colic, whereby she soon got relief. He found the instrument clogged, and reintroduced it after cleaning it. On examination, he further ascertained that there was no urine passing through the vagina. The bladder would hold now easily four ounces of fluid without distressing the patient. The capacity increased, until two weeks later he could inject twelve ounces without incommoding her. On the eighteenth day of the operation, treatment was discontinued; there being no more symptoms of cystitis, the patient having left the bed at the end of the second week. On the 12th of May, twenty days after the operation, he saw her for the last time; a firm cicatrix had formed over the line of incision; the silk sutures had been removed two weeks before. She felt now strong enough to go to her daughter in Washington Territory.

Dr. Winterberg remarks that the principal point of interest connected with this case is the rarity of stone in women. Klien, in the Moscow City Hospital, found, in 1,792 cases of stone in the bladder, only four (4) in females; M. Lett did lithotomy 106 times in men and only once in a woman during a period of fifty-seven years; I. Winkel found, amongst 10,000 female patients examined by him during a period of twenty-four years (1860-84), only one affected with stone. As to the various methods of operating for stone in females,

colpocystotomy certainly will be the most eligible one in all those cases in which a bloody operation is necessitated by the size of the stone in adult females; while in children, epicystotomy would be the proper method in a number of cases, if the stone were too large for extraction through the pelvis without injuring the soft tissues. The vagino-vesical operation was performed the first time by Fabricius Hildanus (in 1628), and his example has been imitated repeatedly by different operators.

There is no risk, he says, of producing a vesico-vaginal fistula by this operation, if the wound be properly closed by careful coaptation and suturing. The material he would select for suturing in future cases would be catgut; that it will certainly resist absorption until union has taken place is shown by the present case; the edges of the wound had been agglutinated firmly enough on the third day to resist a pressure strong enough to force out the catheter, which had been attached quite securely to the neighboring parts by means of several strips of rubber plaster.

As to the use of the permanent catheter, he thinks it will be extremely beneficial in a case like this, where there was an immense thickening of the vesical walls. By its employment the organ is entirely set at rest, and consequently atrophy of the thickened tissues will take place; besides that, the urine, being drained off as soon as it enters the bladder, has no time to be decomposed or act as an irritant, and the presence of a soft Nélaton catheter will not cause any trouble whatever, provided it be cleaned at least once in two days.

#### Tumor of the Spinal Cord; Removal; Recovery.

At the meeting of the Royal Medico-Chirurgical Society, June 12, 1888, Dr. Gowers gave in detail the medical history of this case (which has already been referred to in the *REPORTER*, February 18, 1888). The patient was a man, forty-two years old, who had suffered for three years with localized pain beneath the lower part of the left scapula. The pain varied much; at times it was scarcely felt, at other times it was most intense, and then was increased by movement to such a degree as to render it impossible for the patient to walk. Many medical men were consulted, and the diagnosis varied between aneurism and neuralgia. Hypochondriacal insanity was even suggested, on account of the irritability of the

patient, whose mind almost gave way under the continued suffering. Four months before the operation, first the left and then the right leg became weak, and the loss of power gradually increased to complete paraplegia. The patient was first seen by Dr. Gowers, with Dr. Percy Kidd, on June 4, 1887. There was then motor and sensory paralysis up to the level of the sixth or seventh dorsal nerves, with intense spasm in the legs, foot clonus, and rectus clonus. The urine was retained, and there was some cystitis. At the level of the sixth dorsal nerves there was severe pain around the trunk, greater on the left side, and increased to agony by any movement. The symptoms pointed clearly to compression of the cord by a morbid process outside it. Caries of the spine could be practically excluded; aneurism was improbable, although not impossible. The diagnosis lay chiefly between a tumor of the spinal bones and a tumor of the membrane. The indications (described in the paper) made a meningeal tumor rather the more probable. Syphilitic disease could be excluded. An operation afforded the only chance of escape from certain death after intense suffering. Sir William Jenner saw the patient, and concurred in the diagnosis, and sanctioned an operation. The patient was aware of the uncertainty of the result, but was extremely anxious that something should be done.

The surgical history of the case was read by Mr. Horsley. The diagnosis of intradural tumor pressing on the cord appearing to be well founded, an operation was performed for its removal on June 9. Mr. Victor Horsley laid bare the spinal column from the third to the seventh dorsal vertebrae, and cut off the fourth, fifth, and sixth spinous processes with strong bone-forceps. He made his way through the laminæ on both sides, and the still more obstinate ligamenta subflava, slit the dura mater up the middle line, and laid bare the spinal cord. When the opening was first made the injury had been suspected, but the tissues were healthy. That the attempt should be abandoned was counseled by some, but Mr. Horsley preferred to complete his task, and removed the posterior part of another superior vertebra, and there found a tumor of the dura mater compressing the cord. It could easily be shelled out of its deep bed; the wound was carefully closed and drained, and it healed by first intention. The patient gradually lost the agonizing pain, and at the same time gradually recovered motor and sensory power, as well as control over the

bladder and rectum. He remains in perfect health. Appended to the surgical history of the case are a table and analysis, in which the chief clinical facts relating to fifty-seven other cases are recorded. From the latter it appears that operation is the only treatment to be adopted in such cases, and that, if it had been resorted to, 80 per cent. should have recovered, whereas all died.—*British Med. Journal*, June 16, 1888.

#### Hemiplegia Occurring Nine Days After Parturition.

At the meeting of the Obstetrical Society of London, May 2, 1888, Dr. E. F. Scougal reported a case in which a patient, 37 years old, was confined on August 21, 1887, of her seventh child. All went well till August 28, when she complained of numbness and tingling in the first, second, and third fingers of the left hand. At 1.30 A.M. on August 29, the nurse noticed that, amongst other symptoms, the patient's mouth was slightly drawn to the right. At 3.30 P.M. she was found as follows: Complete paralysis of the left arm and paresis of the left leg; slight divergent strabismus of the right eye, and the mouth slightly drawn to the right side. There had been a little difficulty in swallowing, which had now passed away. Consciousness and speech were unaffected; there was some pain on the right side of the head. The skin was moist, temperature normal, pulse 96; no loss of sensation could be detected. Three and a half grains of calomel in pill were given, to be followed by two ounces of *Aesculap* water every two hours till catharsis was produced, and a draught containing iodide of potassium and citrate of potash was prescribed. By 1 P.M. the left leg was completely paralyzed. In the course of the next day, drowsiness came on, the bowels were opened by enemata; later on, restlessness and increased pain in the right side of the head were observed, the temperature rose to 99.2°; the pulse was irregular in rhythm and power, varying from 72 to 84. The secretion of milk had quite disappeared by August 31. The patient became comatose, and died at 2.15 on September 1. The brain alone was examined after death. A clot was found in a vein on the surface of the brain, corresponding in position to the right middle meningeal artery, and another in a vein corresponding in position to the right middle cerebral artery. These clots were distinctly *ante-mortem*. There was no sign of thrombi in the sinuses. The brain, pons, and medulla

exhibited no trace of extravasations, or of any other morbid appearance.

In discussing the case, Dr. Leith Napier remarked that puerperal hemiplegia was practically due to thrombosis, embolism, or reflex influences; the first cause being the most frequent.—*American Journal of Obstetrics*, July, 1888.

#### Sudden Death from Distention of the Stomach.

Dr. M. A. Veeder, of Lyons, N. Y., writes to the *Medical Record*, July 14, 1888, that he saw recently an example of sudden death from a cause that is probably quite uncommon. The patient, a woman in middle life, was subject to dyspeptic symptoms, at times suffering greatly with gastralgia; otherwise her health was good. On the day of her death, she was apparently as well as usual, and ate a very hearty dinner. Rising from the table, she went into the garden to feed some chickens. In less than three minutes, she was found by her husband, who followed her, sitting upon a step, dead. At the post-mortem examination, within twenty-four hours, it was found that the stomach was very large, and had been distended, not only by the hearty meal, but also with a considerable volume of gas. The heart was compressed so effectually by the distended stomach that its walls were in contact with each other, and it did not contain more than a few drops of blood. Careful examination, he says, failed to reveal any other cause of death than this stoppage of the circulation, which must have been instantaneous and complete.

#### Use of Cold in Summer Diarrhoeas of Children.

With reference to the use of cold in the summer diarrhoeas of children, the *Therapeutic Gazette*, July, 1888, remarks: "As the heated term is upon us, we take the liberty of calling the attention of our readers to a practice concerning which we have frequently written, but which we do not think obtains among the profession as largely as it ought to. Anyone who watches the mortality-lists of our large cities knows that any marked ascent of the average heat-record of the thermometer is accompanied by a corresponding rise in the mortality-list; also that the rise is chiefly made up of infantile deaths, such deaths in turn being in great part the result of some form of diarrhoea. Whether these cases are called cholera infantum, or summer diarrhoea, or

enteritis, or colitis, we believe that they are in great part the direct result of overheating of the body, and that they are to be best combated by the use of the cold bath. In all such cases, the physician should take the temperature of the little patient, and if, as is generally the case, the bodily heat is distinctly above normal, systematic cold bathing should be enforced. It may be necessary to give the cold bath every two hours; it may only be required three times in the twenty-four hours. At first, the child usually resists the bath violently, and the prejudices of the mother often are like the wall of a fortification; but, whenever we have persevered, the results have been so marked as not only rapidly to overcome the prejudice of the mother, but also to teach the child itself the value of the bath and cause the outcries and resistance on its part to cease entirely. We wish that this treatment would be fairly tried by our readers, and reports made thereon through our columns."

#### Terpine in Diseases of the Lungs.

Dr. D. M. Cammann, in a paper read before the Section on Materia Medica and Therapeutics of the New York Academy of Medicine (*Medical Record*, June 30, 1888), says that terpine is a crystalline hydrate of the oil of turpentine. Crystals similar, if not identical in character, have been found in the interior of an old pine-log, where they were probably formed from the oil deposited in the wood. If oil of turpentine be allowed to stand for some time freely exposed to the air and to moisture, crystals of terpine will be deposited on the sides of the vessel. It is colorless, odorless, and almost tasteless, insoluble in water, soluble in alcohol, and melts at  $212^{\circ}$  F. It was first prescribed as an expectorant by Lépine, of Lyons, who calls it "the best expectorant in existence." Its use in bronchial affections has been favorably mentioned by Vigier, Jeannel, Sée, and Boyland. New drugs are apt, he says, to be received with enthusiasm, to run a brief course, and then to drop out of use. Terpine has not escaped the usual fate at the outset of its career, but that it is a drug that deserves a permanent place seems probable. During the past year, Dr. Cammann has frequently used terpine in his class at the Demilt Dispensary and elsewhere, and a careful record of a number of cases has been kept by Dr. F. N. Patterson.

After giving short histories of a few of the cases, he says an analysis of twenty-five cases shows that nineteen were cases of

bronchitis, most of them chronic, some of them of long standing, with extensive pleuritic adhesions. Four cases were of phthisis, one of pleurisy, and one of emphysema. The shortest time that any of these cases was under treatment was two days, the longest time nine weeks. The average length of treatment was seventeen days. From four to eight grains of the terpine were given in pills, usually four times daily. Most of the cases took four grains four times daily, without any other drug. Twenty-four of the cases were improved, most of them markedly, and two only slightly. One case was unimproved. This was a case of bronchitis that had lasted a month, and four grains of the terpine were given three times daily for five days. The expectoration became thinner, but no other change was apparent. The cough, he says, was lessened in all the cases except the one just mentioned. In twenty of the twenty-five cases the expectoration was markedly diminished; in four it was not diminished, and in one it was increased. In several cases it was increased for the first day or two, and afterward decreased. The cases in which the expectoration is recorded as not diminished, and the one in which it was increased, were under observation only five or six days, and it is probable that if they had been treated longer a diminution might have been recorded in all. In eighteen it was thinner, becoming more watery and less purulent; in six it was no thinner. Of the cases that were troubled with dyspnoea, the dyspnoea was diminished in sixteen; it was undiminished in three. The patients noticed an increase in the urine in eleven cases; in eleven cases no increase was noticed. In some of the cases the appetite improved; in one case slight nausea, and in another fulness of the head, were experienced after taking the pills.

The mode of action of turpentine and its derivations, he thinks, needs further investigation. That they are cardiac stimulants has been asserted, probably on insufficient evidence. The experiments of Nothnagel and Rossbach indicate that oil of turpentine in all cases diminishes the blood-pressure, and to a very slight degree, or not at all, the number of cardiac pulsations. Whether they enter into the circulation unchanged or not is uncertain. Whether the peroxide of hydrogen, which some of the terebinthlates, in common with many other substances, are capable of generating and then absorbing, plays an important part in their action, he thinks is a subject for further study.

**Foreign Body in the Male Bladder.**

G. Buckston Browne, in a letter to the *British Med. Journal*, June 30, 1888, says that a man was sent to him by Dr. Miller on May 19, 1887, with the following history: The patient said that, several years ago, he had been told by a medical man that, if there was ever any difficulty in micturition, a paraffine candle was to be warmed, molded into the form of a bougie, and passed into the urethra. Six weeks before seeing Mr. Browne, having some slight irritation, these manœuvres were practiced; but, on attempting to remove the paraffine bougie from the body, little more came away than was actually held between the fingers. Since then, he had become more and more uncomfortable; the movements of a cab or carriage could not be borne, and he could walk only very slowly. He felt as if "he had a marble in his bladder." The bladder had been sounded and nothing found, and he complained that several surgeons had been incredulous of his story. He was nervous, and in so much pain that Mr. Browne declined to do anything until he was in bed. Mr. Charles Moss administered ether, and Mr. H. S. Byam, of Chester Square, assisted. A wax-like body was at once found in the bladder, and seized with a lithotrite with some hesitation, because there was no means of knowing exactly what had to be dealt with, and Mr. Browne was anxious not to bite into a sticky mass from which the jaws of the instrument might not readily be extricated. However, during its six weeks' sojourn in the bladder, the wax had become incorporated with a good deal of phosphatic matter; it crumbled rather than broke, and very soon nothing of any size remained to be seized with the lithotrite. An ordinary lithotritry evacuating-tube was then introduced, but only a small amount of débris could be extracted, for it was so light that the bulk of it refused to be drawn into the aspirator. The lithotrite was therefore again introduced into an almost empty bladder; and a good deal of waxy matter, which burnt with a flame when applied to a lighted candle, was withdrawn between the blades of the instrument; the rest was well broken up, and the operation completed. The patient being a comparatively young man, it was thought that almost all might now be left to nature, and, for about two or three weeks, not a day passed without some paraffine coming away, either naturally or by the use of a soft catheter and an india-rubber washing-bottle. On June 19, 1887, he passed the last piece, and on the same day was the winner at putting

the shot and throwing the hammer, at some athletic sports. He has continued perfectly well ever since.

**Tuberculosis Transmitted by the Milk of a Phthisical Cow.**

A remarkable case has been recorded by Denune, of Berne, in which an infant became infected with tuberculosis through the milk which had been obtained from a phthisical cow. The details of the case are as follow: An infant, four months old, belonging to a family whose history was absolutely negative in regard to tubercular affections, died of tuberculosis of the mesenteric glands, a fact which was confirmed at the post-mortem examination. The glands alone contained the characteristic bacilli; the latter were not even to be detected in the intestinal mucous membrane, and no bacilli were found in any other part of the body. The child was fed with the milk of a cow which was especially kept for the purpose. The cow, for the purposes of examination and inquiry, was slaughtered, and a careful post-mortem made of its carcass: The left lung and pleura of the animal were found to be studded with tubercle, and, in the tubercular nodules, bacilli were easily found. The milk was then submitted to a minute investigation, but bacteriological examination at first yielded negative results. Finally, however, tubercle bacilli were detected in portions of the liquid expressed from the deepest parts of the mammary gland. The case is an important one from several points of view, and claims attention by reason of its bearing upon the so-called hereditary transmission of tuberculosis. If, instead of a human infant, a calf had in a natural manner fed itself with milk from its mother's udders, we can hardly conceive otherwise than that the calf would have similarly become infected with tubercle. Assuming such to have occurred, the case would obviously have been regarded as one of the hereditary transmission of tubercle. But, taking the supposition that a woman suffering from phthisis suckles an infant, there seems to be no reason why the same result should not occur, and why, like the infant and the cow to which reference has been made, the mother should not transmit the bacilli, by means of her milk, to her offspring. All this appears to be possible enough, and has, perhaps, even occurred in some cases without the fact having been proved by demonstration.—*Medical Press and Circular*, June 27, 1888.

### Action of the Vagus Upon the Secretion of Urine.

J. B. Masius (*Extrait des Bulletins de l'Académie royale de Belgique*, No. 3, 1888) confirms the facts ascertained by Arthraud and Butte that, after sufficiently strong electrical irritation of the peripheral end of the previously severed right vagus, the secretion of urine diminishes and becomes entirely retained, while the urine which is passed contains albumin, blood-corpuscles, and epithelial cells. Masius finds, in addition, that the left vagus behaves in like manner. This phenomenon is explained by the further observation that, while electrical irritation increases the pressure with which the blood flows out of the renal veins, after injection of atropine, which paralyzes the inhibitory fibres of the heart and vaso-constrictor fibres of the kidney which come from the vagus, neither secretion of urine nor discharge of blood from the renal veins is modified. The changes in secretion of urine are, therefore, brought about by constriction of the arteries of the kidney.—*Centralblatt f. d. med. Wissenschaften*, June 2, 1888.

### Unusual Foreign Body in the Larynx.

A recent number of the *Revue de Médecine et de Pharmacie militaire* contains an account of an extraordinary case, in which a leech, that had somehow found its way into a man's larynx without his knowledge, gave rise to unpleasant symptoms, for which the medical attendants were puzzled to assign a cause. The patient, a soldier, had suffered for three weeks from hoarseness and a sensation as of a foreign body in the larynx, but there was no serious dyspnoea, and nothing could be seen with the laryngoscope. During the last eight days of that time, he spat blood, and at length he distinctly felt something move deep down in his throat. On the twenty-third day, after the patient had made a violent expiratory effort, Dr. Godet caught sight of the leech fixed in the subglottic part of the larynx. No proper laryngeal forceps being at hand, the thyroid cartilage was divided in the middle line in front; on separating the two halves, the leech was easily removed. Two sutures were inserted, and perfect union was obtained. The voice was absolutely unaffected by the operation, a point worth noting in view of the great stress that has recently been laid on the serious impairment of the vocal function which thyrotomy is

supposed to entail. One would like to know how the unwelcome guest managed to get into the man's throat without his being aware of the fact. It is possible that he swallowed it in drinking water out of a ditch or pond.—*British Medical Journal*, July 7, 1888.

### Antipyrine in Rheumatic Chorea.

It is a very difficult for a practitioner to form an opinion as to the value of a new remedy. In many cases, experience has proved that the eulogistic claims of introducers of such remedies have to be greatly discounted before a correct estimate can be formed. At present, antipyrine is the fashion. But even now it is difficult to correctly estimate its value as an antiseptic, analgesic, antipyretic, and antirheumatic. In an article published in *La France Médicale*, No. 14, 1888, Dr. B. Boussi confirms Legroux's statement as to the value of this drug in chorea, and calls further attention to this employment of antipyrine. Dr. Boussi states that he was called to see a child eight years of age, the son of a workman, whom he found in a state of high fever, complaining of pain in the throat and headache. The preceding day, he had had an eruption, which had, however, disappeared when seen by Dr. Boussi. The probable diagnosis of scarlatina was made, but a few days later the case developed into an acute articular rheumatism, accompanied with endocarditis. Thirty grains of salicylate of sodium were given daily, and cure resulted in eight or ten days. At this time, a pronounced desquamation confirmed the diagnosis of scarlatina. Five or six days later, after the cure of the rheumatism, the child commenced to suffer from disordered movements, which became more and more violent, until in ten days chorea of the gravest character was developed. Treatment was then commenced with thirty grains of antipyrine given in four doses daily in a little sugar and water. On the very next day, improvement was evident, sleep was possible without disturbance by choreic movements, and in two days, after the administration of sixty grains of antipyrine, the choreiform movements had almost entirely disappeared. In all, the treatment had lasted but eight days, during which time the chorea was practically cured, the patient having taken in all but little more than half an ounce of antipyrine. Dr. Boussi's results encourage an extended trial of antipyrine in chorea.—*Therapeutic Gazette*, July, 1888.

THE  
**MEDICAL AND SURGICAL  
 REPORTER.**  
 ISSUED EVERY SATURDAY.

CHARLES W. DULLES, M.D., EDITOR.

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**QUACK ADVERTISEMENTS IN RELIGIOUS NEWSPAPERS.**

When a wrong is assailed in general terms, the assault is apt to be interesting to those who participate in it, and perhaps to those who witness it; but there is some danger that it may not accomplish very much. This truth is illustrated by the results which have so far followed the attempts of various medical journals in this country to abate the evil of quack advertisements in religious newspapers. These attempts have been approved and applauded by medical men, and those who made them knew they were discharging a useful office. But the religious newspapers have not been cured; and, indeed, they do not seem to have improved materially.

One of the reasons for this is, no doubt, the fact that the attack has not been suffi-

ciently sharp on any portion of the line to break it, and that, while the whole religious press bore the brunt of the assault, no one part experienced any special inconvenience from it.

What is now needed, we believe, is that the force of public opinion should be concentrated upon conspicuous offenders, and that an attempt should be made to compel them to regard the principles of honor and decency which they have so long violated. This is a method which is far from pleasant, but it is our honest opinion that no kindlier one will effect the object.

That our readers may understand why we say this, we inform them that we took the trouble to send our Editorial of December 31, 1887—which we intended to be temperate, though plain-spoken—to the editor of almost every religious paper in the United States, and that by personal correspondence we have endeavored to enlist the self-respecting religious papers on the side of right in this matter. Some good has been accomplished. A few of the religious papers have expressed themselves as we hoped they would. More than this, a number of our medical contemporaries have added their efforts to ours, while the Medical Society of the State of Arkansas has issued a series of resolutions against the evil of false and misleading advertisements in religious newspapers, and these resolutions have been approved and endorsed by the American Medical Association.

We were glad to note, also, in the REPORTER, June 9, 1888, that a representative religious body—the General Assembly of the Presbyterian Church—at its last meeting, in Philadelphia, received, and, we believe, endorsed, an overture of a like character.

This much is cause for thankfulness. But much more remains to be done. How much, may be judged from the fact that, in spite of all we have said, one of the most influential Presbyterian papers in the land persistently continues to publish advertisements

which any man of common sense would know to be absolutely and unblushingly false. In a recent issue of this paper, there were no less than seven advertisements which deserve to be characterized in this way, including sure cures for deafness, cancer, fits, and consumption! And the difficulty of dealing with cases of this kind may be estimated when we state that the editor of the *REPORTER* has made a special attempt, by writing personally to the editor, who is also the owner, of the paper referred to, to induce him to correct the wrong he was committing.

Another illustration is furnished by one of the representative papers of the Methodist Church—a paper which is, we believe, directly governed by the ruling body of that church. The *St. Joseph Medical Herald*, in May, 1888, speaking on this subject, says that this paper “sells the columns which should be filled with religious matter to the vilest impostors and most indecent advertisements of which the country can boast.” This is strong language; but it is fully warranted by the circumstances.

We appreciate the good work done by religious papers, and it is for this reason that we wish to see them freed from a reproach which interferes with their usefulness and injures the cause of religion. We have tried to bring this about in a way which should not give needless offense. But, as we believe that no reform is ever accomplished without somebody being hurt, we shall not hesitate, when next we take this subject up, to lay our hands on particular religious papers and say plainly to the editor of each: “Thou art the man!”

We do not now take this step, because we hope that some to whom this charge would apply to-day will clear themselves before the time arrives to make it.

We beg our medical contemporaries to join their efforts to ours to cure this evil as gently as may be possible, but with all the firmness that may be necessary; and we beg

our religious contemporaries to make our cause their own, so that we may seem rather to offer counsel to those who wish to know what is right, than to formulate censure against those who choose to do what is wrong. Physicians and the clergy are usually sympathetic with, and helpful to, each other; and it would be a pity if the religious papers were to maintain an attitude which invites the distrust and—it must be said—the contempt of those who should be their best friends.

#### TREATMENT OF PNEUMONIA WITH TARTAR EMETIC.

On several occasions during the twelve months just past, we have laid before our readers articles on the treatment of pneumonia, which directed attention to the usefulness of methods which have gone out of fashion, so to speak. It is interesting, therefore, to note that in Germany, of late, the merits of tartar emetic have been discussed and warmly advocated. In the *Deutsche med. Wochenschrift* for 1887, No. 47, there was a paper by Mosler which accorded an important rôle to this agent; and in the number for May 31, 1888, a similar position is taken, founded largely upon the experience of BRÜCKNER, who says that, in his opinion, there is no better remedy in the treatment of pneumonia in young and vigorous individuals, and that it may be regarded as almost a specific. He began its use at the suggestion of an intelligent practitioner, who declared that he had never had such good results from the use of any other remedy or measures. Brückner began the use of tartar emetic with decided misgiving, but soon became convinced of its great value. He reports the case of a young man with acute croupous pneumonia, to whom he gave, at the outset, a tablespoonful of a solution of one part of tartar emetic in five hundred parts of water. The patient soon vomited, and a dose of the solution was then given every two hours. In twenty-four hours, the patient had vomited four times, but was decidedly better, and in

five days his temperature was nearly normal, and his pneumonia in a state which left no room for anxiety. In his present practice, Brückner uses a solution of from one to three parts in two thousand parts of water, giving a tablespoonful every hour until vomiting or catharsis occurs, after which the dose is given every two hours. He has usually observed vomiting after the first or second dose. This is followed by from four to eight watery stools, sweating, and freer expectoration.

The beneficial results of this method in the treatment of seventy or eighty patients have been so striking that Brückner is quite enthusiastic over them. He has not found these results in every case so treated, but in the great majority of his cases he has seen great improvement to occur.

These results certainly warrant careful study in this country, where tartar emetic is not unappreciated, but where its administration in pneumonia is by no means common. There was a time when almost all cases of frank pneumonia were treated with bleeding and tartar emetic. But the time has passed away, and it is worth while to emphasize the claims advanced by Brückner, and to direct attention again to this valuable remedy.

#### BABY FARMS.

Under the euphemistic title of "Private Nurseries in New York," attention has been called in the daily papers to the extent to which baby farming is carried out in that city. So much complaint has been made in regard to these establishments in New York, that the Society for the Prevention of Cruelty to Children has decided to investigate and watch them. A special department is to be established, with inspectors who shall frequently and carefully investigate all the so-called nurseries now licensed, and an attempt will be made to suppress any that are conducted in violation of law. It is good to see that influential society has decided to make an attempt to root out an

institution which commits some of the most outrageous cruelties that are permitted in this day. Probably many medical men living in large cities have their attention from time to time directed to what are called "Baby Farms." Not unfrequently a medical man is summoned out of his ordinary line of practice to see some wretched child about to die, whose care-takers desire of him nothing except a certificate of death, which shall save them from the investigations of the coroner. It is probable, also, that, under these circumstances, medical men, although moved to pity for the sufferer about to die, seldom think that it may be a public duty to call the attention of the authorities to the establishment in which the occurrence is about to take place; and yet there can be no doubt that it is a public duty, and that the conscientious discharge of this duty by physicians, no matter how troublesome, disagreeable, or unkind it may seem, would do more to put an end to the errors and atrocities of baby farming than all the investigations which could be carried out by any organized society. In New York, where the society mentioned is undertaking the work, we trust that the physicians will give it their hearty co-operation; and in other cities, where the work has not yet been so undertaken, we believe that physicians might suggest, to any similar society, the propriety of taking hold of it.

#### ANOTHER MEDICAL AND SURGICAL REPORTER.

In our issue of July 28, we called attention to the appearance of a new medical journal which had taken the name of this one. Assuming that this was an error not inconsistent with honest intentions, we expressed the hope that it would soon be corrected. Since then, however, the second number of that publication has appeared, bearing the title: THE TOLEDO MEDICAL AND SURGICAL REPORTER—the first two words printed small, and the part of the title which copies ours printed in large letters. This step on the

part of the publishers, we think, justifies the belief that they hope to profit by assuming our name, and are not to be deterred from it by those principles which actuate honorable men. We trust that our contemporaries, for the sake of the guild, will treat this appropriation of our title as it should be treated, and support us in endeavoring to maintain our exclusive right to the title which the MEDICAL AND SURGICAL REPORTER has borne for more than thirty years.

### BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

**COMPARATIVE STUDIES OF MAMMALIAN BLOOD, WITH SPECIAL REFERENCE TO THE MICROSCOPICAL DIAGNOSIS OF BLOOD-STAINS IN CRIMINAL CASES.** By HENRY F. FORMAD, B.M., M.D., Lecturer on Experimental Pathology, etc., in the University of Pennsylvania, etc., with sixteen illustrations from photo-micrographs and drawings. 8vo, pp. 61. Philadelphia: A. L. Hummel, M.D., publisher, 1888.

Dr. Formad, in this interesting monograph, lays down a principle which is of the utmost importance in haematology and in medical jurisprudence, namely, that it is possible by measurement of blood-corpuscles to determine whether or not they are those of a human being. This principle he defends by an argument founded upon an unusually large experience in the study of histology and in the trial of persons charged with murder. It is well known that he has encountered opposition, and even censure, for acting upon the beliefs expressed in this book in certain trials, and many who have felt that it was prudent to suspend their judgment as to the merits of the case until they had more facts to guide them will welcome his explanation of the grounds for his belief, especially as it seems to be a complete vindication of his actions. There seems to be little room for doubt that he is right in claiming that it is possible, in a reasonable sense, for one expert in the study of blood-corpuscles to say that such as come under notice in murder-trials are, or are not, human. The objections to this view appear to us to be captious; and we do not find anything in it, as put by Dr. Formad, to warrant the severe criticisms to which he has been subjected.

The book before us is sure of attracting much attention, and we think it a very valuable addition to the literature of medical jurisprudence. It is pleasant to note in it that full justice is done to the work of the late Dr. Joseph G. Richardson, of this city, whose skilful and careful measurements of blood-corpuscles were among the most valuable contributions to science.

**PRACTICAL ELECTRO-THERAPEUTICS.** By WILLIAM F. HUTCHINSON, M.D. 8vo, pp. 247. Philadelphia: Records, McMullin & Co., 1888.

This book has been written with the object of explaining the indications for and methods of employ-

ing electricity in medical and surgical practice in such a simple way that it shall not be beyond the comprehension or opportunities of the average practitioner. This object has been, we think, very well attained. The author describes only such electrical apparatus as can be used by every intelligent medical man, and omits from his work all of those abstruse and elaborate matters in regard to electricity which encumber most systematic treatises on medical electricity. This he does—not because he does not appreciate the scientific value of these matters—but because he appreciates equally that they are not essential to a successful employment of this agent in actual practice. His book is not one for the accomplished student of electricity; but it is one eminently suited to the needs of those who stumble at too much discussion of "ohms" and ampères, but wish to be told in the briefest and most intelligible terms how they may employ electricity in treating disease.

We think the author might have gone a little further in illustrating the book, without disadvantage; but are glad to be able to recommend his work as clear and comprehensible, and, in our opinion, calculated to be very useful.

### PAMPHLET NOTICES.

[Any reader of the REPORTER who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and enclosing a postage-stamp.]

**THE EXTRACTION OF CATARACT AS INFLUENCED BY MYCOLOGICAL DEVELOPMENT.** By A. E. PRINCE, M.D., Jacksonville, Ill. 4 pages.

**FOOD LAWS.** A PAPER READ BEFORE THE MEDICAL JURISPRUDENCE SOCIETY OF PHILADELPHIA, MARCH 13, 1888. By HENRY LEFFMANN, M.D. Philadelphia: Published by the Society. 7 pages.

**CLINICAL NOTES ON PRURITUS.** By L. DUNCAN BULKLEY, A.M., M.D., New York. From the *Journal of Cutaneous and Genito-Urinary Diseases*, December, 1887. 14 pages.

**THE DRINK EVIL.** THE PHYSICIAN'S RELATION TO THE LIQUOR QUESTION. A lecture before the Lincoln Medical Society, April 10, 1888. By A. S. VON MANSFELDE, M.D., Ashland, Neb. From the *Daily Nebraska State Journal*, April 15, 1888. 8 pages.

—Dr. Prince's short article is not a systematic study of the subject indicated in its title, but a description of the method he adopts in operating for cataract, with a brief introductory statement of the opinion that suppuration is due to the action of microbes.

—We can heartily commend Dr. Leffmann's pamphlet to the attention of our readers. It deals in a sensible and temperate way with one of the most important questions of medical jurisprudence, and public sanitation. It is agreeable to find that the author holds views, in regard to this matter, similar to those of the REPORTER, and we wish they might have the careful attention of all medical men and all legislators.

—Dr. Bulkley's pamphlet contains a clear statement of the condition which is designated as pruritus by the dermatologists, illustrated by brief accounts of a number of cases occurring in his practice. One of the most interesting parts of his paper is that in which he describes his study of the symptom of itch-

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ing as occurring in his own person, and its reflex relation to certain causes of irritation.

—Dr. von Mansfelde, in his lecture, presents what may be called the "temperance" view of the alcohol question, as contrasted with the "total abstinence" view. He studies the nature and effects of alcoholic beverages in sickness and in health, and expresses the opinion that they may be used with propriety in both states, although their abuse is dangerous. He acknowledges that in the state of health there is no need for the use of alcohol, but sees some advantage in its bracing influence in conditions of mental or physical depression.

In sickness, he believes great benefit may be derived from the use of alcohol as a medicine, and charges with fanaticism those who would forbid it entirely. His views are supported by quotations from the writings of eminent practitioners and observers, and deserve the thoughtful attention of all who are open to reason in a matter which is naturally so full of appeals to prejudice.

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## CORRESPONDENCE.

### Typhoid Fever and Chorea.

We recently received a letter from one of our subscribers asking for the opinions of Drs. William Pepper, H. C. Wood, and Wharton Sinkler in answer to the question: "Is Typhoid Fever, Complicated with Acute Chorea, Necessarily Fatal?" In response to a request sent to these men, the following answers have been received, which we take pleasure in publishing.

To THE EDITOR.

Sir: In reply to the question whether or not typhoid fever, complicated with acute chorea, is necessarily fatal, I would observe that cases of this fever, exhibiting any nervous symptom carried to a very high degree, are of unfavorable prognosis. This applies to ataxic phenomena as much as to any others. Mere jactitation, highly marked subsultus, and the like, are often met with in cases which, though severe, terminate in recovery. But, when the ataxia reaches a point at which the term acute chorea would become applicable, it indicates extreme danger. Without saying that such cases are necessarily fatal—for such a sweeping assertion can be made with reference to no symptom whatever—it must be admitted that they usually end fatally, and that this symptom (so-called acute chorea) is of most serious significance.

Yours truly,

WILLIAM PEPPER.

1811 Spruce Street,  
July 31, 1888.

To THE EDITOR.

Sir: In answer to your letter of July 23, I would reply to question—"Is Typhoid Fever, complicated with Acute Chorea, necessarily Fatal?"—no.

Yours truly, H. C. WOOD.  
Jewell's Island, Maine,  
July 30, 1888.

To THE EDITOR.

Sir: There is no reason why typhoid fever, complicated with acute chorea, should necessarily be fatal. If the attack of typhoid fever be severe and

the choreic movements be general and violent, then the patient's condition would, of course, be more grave, and the chances of recovery diminished. Dr. Hunt has reported a case of fracture in patient suffering from chronic chorea where death ensued from exhaustion, owing to the fact that the fracture could not be held in position by any splint or dressing.

Yours truly, WHARTON SINKLER.  
1534 Pine Street, Philadelphia,  
July 24, 1888.

### Solvent for Salol.

To THE EDITOR.

Sir: Will you please give me, through the REPORTER, a solvent for the new preparation, salol? What literature I have on the subject does not give the mode of administration.

Cold water does not dissolve it at all; alcohol leaves a crystalline precipitate; and hot water separates the two ingredients and leaves the carbolic acid free.

The information will oblige an appreciative reader of the REPORTER.

S. H. BARHAM, M.D.

Lone Oak, Texas,

August 1, 1888.

[Salol is easily soluble in alcohol with the application of heat, and is entirely soluble in ether and benzine. For internal use, however, it is best administered in compressed pill, capsule, or wafer.

Ewald gives the following formula for a mouth-wash:

Salol . . . . .	gr. xv
Alcohol . . . . .	fʒ iii
Tincture of cochineal . . . . .	m lxxv
Oil of rose . . . . .	gtt. i
Oil of mint . . . . .	gtt. ii

M. Sig. Add a teaspoonful to a glass of water, and use as a wash. EDITOR REPORTER.]

### Ipecacuanha Spray in Throat Cough.

To THE EDITOR.

Sir: Please explain fully the method and form of remedy employed in treatment of throat cough by ipecacuanha spray. I have a patient upon whom I wish to use it at once.

Yours truly,

H. L. MANCHESTER.

Parrlet, Vt.,

August 7, 1888.

[Dr. William Murrell, of London, employs the wine of ipecacuanha in the form of a spray in bronchitis and winter cough. Either a hand-ball apparatus or a small steam atomizer may be used, but the spray must be warm, and the patient should be protected from exposure afterward. The vapor should actually enter the lungs, and not be stopped by the palate and root of the tongue. Dr. Murrell says the best results are obtained by using the spray for about ten minutes three or four times a day, for a week or more. The wine of ipecacuanha may be employed pure, or diluted with water, as the requirements of the case may seem to demand. EDITOR REPORTER.]

## NOTES AND COMMENTS.

### Caffeine as a Cardiac Stimulant.

In a communication on the use of the double salt of caffeine (caffeine sodium salicylate) in diseases of the lung (*Berliner klin. Wochenschrift*, June 18, 25, 1888), Dr. Te Gempt states that the drug is indicated in the course of acute fibrinous pneumonia as soon as there is evidence of heart-failure, lowering of the arterial pressure, and an abnormal frequency or an irregularity of the pulse. The administration of the drug should be begun, if possible, before the appearance of symptoms of collapse; while, in a sudden occurrence of the latter, caffeine is all the more urgently needed and its use is often of service. In conditions of cardiac weakness, failure, and atrophy, and also in drunkards and old men, its use from the very beginning is advised. When rightly used and in the proper doses, it effects a diminution in the frequency of the pulse and respiration, an increase in the arterial pressure, a lowering of the temperature, and a favorable influence upon the general feeling of the patient. Stimulants are not to be withheld, but are to be used, when indicated, along with the caffeine. The action of caffeine is rapid, and can be made more rapid and certain in threatening cases by giving it hypodermically. Its use may be continued for a short time after the subsidence of the pyrexia. Caffeine is indicated in conditions of atelectasis or hypostasis of the lungs; and its use in emphysema and asthma is analogous to its use in diseases of the heart.

### Electrolysis in Stricture of the Urethra.

Dr. T. H. Burchard, in a communication to the *Medical Record*, June 16, 1888, gives his unqualified approval to the following propositions previously formulated by Dr. William T. Belfield:

"1. It is applicable to stricture in any point of the urethra.

"2. Any stricture or succession of strictures, however rigid and cartilaginous, however long and tortuous, however tight, even if impermeable, can be readily and safely perforated.

"3. As a rule, it causes no pain or bleeding, is followed by no chill or urethral fever, and is always devoid of danger.

"4. When properly performed, it can produce no false passage or other local lesions.

"5. The effects are more enduring than those of either cutting or stretching."

### Hereditary Chorea of Adults.

A. Huber (*Virchow's Archiv*, CVIII, S. 267) adds, to the few cases of hereditary chorea hitherto known, a series of new observations. He has himself demonstrated the presence of the disease in two sisters, an accurate history of whom he communicates. It seems that the father and aunt of both his patients, and the grandfather and great-grandfather, as well as several other members of the family, have had chorea. Hereditary chorea, he says, presents many variations from the ordinary form, especially in that the chorea is slight, even absent, in voluntary movements. In all Huber's patients, the chorea occurred in the later years of life, and, in the most of them, more or less pronounced psychic disturbances were present. No member of the family that is described by Huber had suffered with chorea of childhood. In the case in which Huber gives the notes of the autopsy, the patient had exhibited during the later years of his life an epileptic insanity, but no longer any chorea. There was found in this case nothing except a pachymeningitis and leptomeningitis of the cervical region.—*Centralblatt f. d. med. Wissenschaften*, July 23, 1888.

### Treatment of Rupture of the Bladder.

Dr. A. Blum concludes a communication on ruptures of the bladder and their treatment (*Archives générales de Médecine*, July, 1888) with the following summary: Where the surgeon meets with a rupture of the bladder, or what he supposes to be a rupture of the bladder, he should, without hesitation and as soon as possible, cut down upon the bladder in the linea alba, in order to determine with precision the seat of the lesion and its extent. If the seat of the injury is toward the base—that is to say, if the peritoneum is not involved—perineal cystotomy is indicated. When the rupture is intraperitoneal, the edges of the wound should be brought together with the Lembert suture; the toilet of the peritoneum should be made without drainage. When, by reason of its situation and extent, the wound cannot be brought together, it should be stitched to the abdominal opening, or drainage secured after the manner of Socin, by making an artificial perineal opening. The existence of peritonitis at the outset is not a contraindication to suture of the bladder. The chances of success, however, are much greater according to the rapidity with which laparotomy has been done.

**Treatment in Neurasthenia.**

In a paper on neurasthenia, read before the Ontario Medical Association, June, 1888 (*Canadian Practitioner*, July, 1888), Dr. D. Clark, Medical Superintendent of the Asylum for the Insane, Toronto, makes some suggestions as to treatment, of which the following is a summary: Rest and cheerfulness for the anæmic. Outdoor exercise and work for the plethoric and sedative. Fresh air, substantial food, and absolute cleanliness for both classes, as a rule. No chloral, no opium, no alcohol; in short, no artificial stimulant, soporific, or narcotic of any kind. Three hours of natural sleep or rest have in them, he says, more recuperative power than nine hours of stupor or drugged quietude. Such short cuts to rest, he thinks, only murder natural sleep and strangle the heroic efforts of nature to come back to normal conditions. Even when these stilts are used, it must be after serious and thorough deliberation. Any employment which will have a tendency to divert the mind away from self-contemplation and so secure relief by the law of substitution.

He finds that the best remedies are the arsenites, cod-liver oil, phosphide of zinc, pyrophosphate of iron, nux vomica, bromides with caffeine, zinc oxide with ergot, and such like. These tonics and calmatives, he says, assist nature to seek again the old paths. He advises the younger members of the profession, if sedatives or narcotics or stimulants are administered, to mask them as much as possible; for he says he has been told by dozens of victims to the alcohol, chloral, or opium habit, that the first knowledge they had of the pleasurable potency of such drugs was received from the family physician. Dr. Clark's method has been to use some menstruum which will disguise the taste and smell of these drugs and to maintain a stubborn silence as to their presence in his prescriptions.

**Society Practice in New Orleans.**

The *New Orleans Med. and Surg. Journal*, June, 1888, says in an editorial: "The custom followed by so many physicians in this city, of taking 'society practice,' has grown to such an extent as to threaten destruction to all legitimate work by those few who value the dignity or well-being of the profession. Four-fifths of the people of this city are banded together into so-called 'Benevolent Associations,' whose objects are weekly indemnity while

sick, free medical services, including drugs, and free burial in case of death. Every one of these societies annually chooses a physician, a druggist, and an undertaker, and always after fierce competition. Just before the annual election a committee goes around to some fifteen or twenty physicians and the same number of druggists and undertakers, and requests each of these functionaries to put in a bid. Then begins the scramble. One physician will offer 'to do the work,' which includes attention to the families of the members, for four dollars per member per annum; another will bid three, another two, and so on until, as actually happened a few weeks ago, the final and successful bidder sees a profit and honor in the job at 'forty cents (40c.) per member per annum, payable quarterly.'"

**Summer Drink for School-Children.**

Dr. Duchesne, at a recent meeting of the Society of Practical Medicine of Paris, proposed the following formula for a summer drink for school-children. It is a slight modification of a formula of his used last summer with success in French schools. The object of the quassine is to impart a slight bitterness, to quench the thirst better, and to prevent children from drinking more than is healthy for them:

Glycyrrhizin . . . . .	gr. xvi
Powdered sugar . . . . .	gr. xvi
Bicarbonate of sodium . . . . .	gr. xii
Crystallized quassine . . . . .	gr. 1-200
Oil of anise . . . . .	gtt. 2/3
M. For one powder.	

This quantity is to be dissolved in one quart of water when wanted for use. The beverage costs here about half a cent a quart. It would not probably cost much more in America. The idea of giving a slightly bitter taste is not a bad one. Should there be any difficulty in procuring the quassine, either gentian or any of the native bitter principles might be substituted.—*Therapeutic Gazette*, July, 1888.

**The Pennsylvania and Maryland Union Medical Association.**

The Pennsylvania and Maryland Medical Union Association will this year hold its annual meeting at Birmingham Park on the Brandywine Creek, in Chester County, August 30. It consists of members of the profession, from York, Lancaster, Chester, and adjoining counties, who bring to the meetings their families and friends; the occasion being always one of social enjoyment.

### Experimental Feeding of Dogs.

The *Sei-I-Kwai Medical Journal*, of Tokyo, Japan, June, 1888, contains a report on the second experimental feeding of dogs in the Medical School of the Imperial Navy. The object of this experimental feeding of dogs is principally to decide the comparative value of the food given with regard to the power of preserving the health of the dogs, and not to ascertain the relative difficulty or ease of digestion. The experiment lasted fifteen months, and the number of dogs experimented on was six. The general conclusion drawn from the experiment is that barley is superior to rice as an article of food: the dogs fed on rice increased in weight at the beginning, while those fed on barley decreased; but eventually the opposite proved to be the case.

### Treatment of Lead Deposits on the Cornea.

In the *St. Louis Med. and Surg. Journal*, July, 1888, Dr. A. D. Williams says that formerly lead deposits on the surface of the cornea were very frequently met with because sugar-of-lead solutions were for many years nearly the only remedy that physicians applied to sore eyes. The result was that, whenever an ulcer of the cornea developed, a deposit of lead took place. Latterly most physicians have learned that solutions of lead are dangerous, and they now rarely use them. Sugar of lead is a good and efficient astringent and perfectly harmless so long as there is no break in the epithelium of the cornea. When lead is once deposited on the cornea, it becomes a source of continual irritation, so that an ulcer covered over with lead precipitate can never heal perfectly. On the contrary, the ulcer remains always irritable and often intensely painful, more especially at night. Dr. Williams says that he recently saw a colored man who had a large corneal ulcer plastered over with lead deposit. He had not been able to sleep comfortably for many years. The eye was not much reddened, but intensely irritable. It will be understood that in such cases the lead deposit is the indirect cause of the suffering. It prevents the re-formation of the epithelium, and consequently the nerves are constantly exposed to the atmosphere, and the injury is painful for the same reason that a fresh burn is painful.

The treatment, Dr. Williams says, is simple and easy. The lead deposit must be

scraped off completely so that the ulcer can heal and exclude the air from the nerve-terminals. The scraping must be thorough, so as to remove every particle of lead. Formerly chloroform had to be given in these cases. Now cocaine is all-sufficient to prevent pain. The scraping is done with an ordinary knife, holding the edge vertical to the cornea and scraping back and forth till the white lead deposits are all removed. A solution of atropine should be used for a few days till the ulcer has healed over. The result is very gratifying to the patient, because it gives prompt relief from his suffering.

### Colotomy.

In a paper on colotomy read before the Missouri State Medical Association, April, 1888, Dr. N. B. Carson gives his preference for Littré's operation (opening the bowel in the groin) for the following reasons (*St. Louis Courier of Medicine*, July, 1888):

"1. It is, when carefully done, not more dangerous than the lumbar operation.

"2. We are enabled to determine the exact seat of the disease, and, as a result, fix the intestine at any desired distance from the seat of the disease.

"3. The patient is by far more comfortable, from the fact that he is enabled to attend to himself without the aid of others.

"4. We are better able, with the opening in the groin, to fit a pad or truss which controls more perfectly the discharges, and with less discomfort, than when the lumbar opening is selected.

"5. That, in this operation, we are enabled to make a knuckle in the bowel, to prevent a passage downward of the feces, without adopting Madelung's method of dividing the bowel across and closing and dropping the lower end.

"6. When desirable, the artificial anus may be more readily closed in the inguinal than in the lumbar region."

### Liquid Glue.

The *Chemist and Druggist* quotes the following formula for a glue, which is specially serviceable for wood and iron, from *Rundschau*, and says it possesses great resisting power:

Gelatine . . . . .	parts, 100
Glue . . . . .	" 100
Alcohol . . . . .	" 25
Alum . . . . .	" 2
Acetic acid (20 per cent.) . . . . .	" 200 (or q.s.)
Heat the whole together for six hours.	

**Naphthaline in Dysentery.**

Hinterhof (*Russkaya Meditina*) praises the good effects of naphthaline in dysentery. His formula is:

Pure naphthaline . . . . .	gr. xv
Distilled water . . . . .	f $\frac{3}{4}$ ii

To be used in two enemas.

Besides the naphthaline, he administers quinine. Tenesmus and smarting at the anus subside at the first enema, and recovery is established after the second.—*Bulletin Medical*, July 8, 1888.

**Foreign Bodies in the Male Urethra.**

Dr. B. C. Atterbury, in a communication in the *China Med. Missionary Journal*, March, 1888, says: "It seems that among some of the Taoist sects there are those who, for the purpose of warding off disease and fortifying the system, pay great attention to medical gymnastics, or what is known in China as *kung fa*. One of their practices is to introduce into the urethra bougies with the idea of keeping open the 'path of life,' preventing stricture, and curing spermatorrhoea. Dr. Dudgeon, in his hospital report for 1873, gives an interesting account of one of these cases. His patient was a Manchu, about 30 years old, who had joined one of these sects. For ten years he had inserted every night into his urethra a lean bougie, removing it in the morning. These bougies are of various sizes. When about to be introduced, they are rubbed with mercury, and are carried by their own weight toward the perineal region, where they can be felt. In the morning their extraction is effected by turning the body to one side and using a little pressure. Seven days before the operation he had made a sudden jerk on rising in the morning, and the little bougie reversed its usual practice and dropped into the bladder, where it was found. It weighed 256 grains and measured two and a half English inches. Dr. Bushell also tells me of an analogous case, in which he removed from the membranous portion of the patient's urethra a piece of pewter two inches long and shaped like a bougie. At the time, he was told that the man was a member of a Taoist sect." Dr. Atterbury then states that he has recently seen two similar cases, which were operated upon within a week of each other—one at the An Ting Mén hospital, and the second at that of the London Mission. The bougies in both these cases were pieces of bone chop-sticks, about 2½ inches long, and carefully rounded at both ends. Dr. Atterbury's patient would say but little as to how

the piece of bone got into his bladder, but, from his account, the nine months during which he affirms it was there must have been a time of great suffering. It was easily removed by the median operation. An incrustation of the phosphates had formed around the article, which weighed altogether 465 grains.

But little information can be gotten from the Chinese beyond what is here given on this subject, since little is known about it outside of the members of the sect, and they are said to be sworn to secrecy. These cases, however, show that the practice of inserting these bougies cannot be a very uncommon one, at least in Peking. In some cases, it is said to be a punishment inflicted by the injured husband upon a man taken in adultery.

**Etiology of Biliary Lithiasis.**

In a communication in the *Wiener med. Wochenschrift*, No. 23, 1888, Dr. Zerner reports the following case as an example of the influence which compression of the liver can exert upon the formation of biliary calculi: An officer died in the hospital after a right-sided pleural effusion had been diagnosed. At the autopsy, a hemorrhagic pleural effusion was found, and besides that a focus of encysted pus situated between the diaphragm and the convexity of the liver. The right lobe of the liver was compressed and depressed by this abscess, and contained a large number of biliary calculi. The author is of opinion that there must be more than an obstacle to the flow of the bile in order that calculi should be formed—that there must be also a pathological alteration of the wall of the excretory vessels, which obstructs the resorption of the solid elements in a greater measure than the resorption of the watery parts. He does not accept, therefore, the theory of Mar-chand, that biliary lithiasis is due to pressure by the corset. He thinks the chief cause of biliary lithiasis is to be found in a sedentary habit. This entails, as a consequence, an increase of intra-abdominal pressure, which in turn restricts the movements of the diaphragm, and then the flow of bile into the intestine; moreover, the sedentary habit predisposes to gastro-intestinal affections. Finally, Beneke has proved that seventy per cent. of persons with biliary lithiasis have arterio-sclerosis. It is very probable, he says, that the walls of the bile-ducts participate in the alteration of the walls of the blood-vessels.—*Gazette Médicale de Paris*, June 30, 1888.

### Multiple Paralysis of Cerebral Nerves.

H. Unverricht (*Fortschritte der Medicin*, No. 24, 1887) communicates the history of a man thirty-eight years old, who had had a sore when twenty years old, but in other respects had had no decided symptoms of syphilis. This man noticed suddenly, while at work, that he could not hold his pipe in his mouth, and immediately showed bilateral facial palsy. The latter was followed by a unilateral paralysis of the soft palate, paralysis of the right oculomotor, of both abducentes, and by disturbances in the parts supplied by sensory fibres of the trigeminal of both sides, accompanied with neuroparalytic inflammation of the right cornea. After his admission to the hospital, he developed, within fourteen days, a paralysis of nearly all the cerebral nerves, only the left optic and the left trochlear nerves being demonstrably unaffected. Toward the end of his life, paralysis of the muscles of the extremities, as well as of the trunk and neck, occurred. The sensibility in the upper extremities was blunted. After eight weeks' illness, the patient died of gangrene of the lung, as the result of food passing into the windpipe. At the autopsy, there was first found a round-celled sarcoma in the mediastinum, of the size of an apple; metastatic growths from this were then found between the dura and base of the skull, which more or less blocked the openings in the latter and compressed the individual nerves.—*Centralblatt f. d. med. Wissenschaften*, June 23, 1888.

### "Officinal" or "Magistral."

The Paris correspondent of the *Therapeutic Gazette*, July, 1888, says: A question of French has been decided by the Academy of Medicine of Paris. A short time since, the French premier requested the Academy to define exactly the pharmaceutical terms "*officinal* and *magistral*," the distinction being of some importance, for administrative reasons unnecessary to mention. The Academy appointed on the question a committee composed of MM. Planchon, Lefort, Bourgoin, Dujardin-Beaumetz, and Prunier, all shining pharmaceutical lights, and last Tuesday the committee presented a unanimous report, which will, of course, be adopted by the Academy, and, consequently, by the administration. As the definition settles a question hitherto very puzzling to foreign readers of French therapeutical and pharmaceutical literature, it is interesting to

here relate it. According to the academical committee, "*officinal* medicaments are those whose formulas and mode of preparation are given by the Codex, and which, besides, will keep a long time without noticeable alteration. The *magistral* are such medicines as the pharmacist prepares when prescribed, and dispenses immediately, without regard to their keeping-properties." Such, it may be remarked, is the usually accepted meaning of the terms in general. But, to be more precise, the committee added: "1. Such medicaments only should be considered *officinal* which keep easily, and whose formula and mode of preparation are mentioned in the Codex, if they are galenical, or whose characters and method of purification and testing are given, if chemical. 2. It does not follow, nevertheless, that all medicaments mentioned in the Codex are necessarily *officinal*. Potions, tisanes, juleps, etc., are by nature essentially *magistral*, like all mixtures prescribed by the physician, even when exclusively composed of *officinal* medicaments. The fact alone of the mixing causes them to become *magistral* remedies." It is scarcely necessary to point out the different meaning of the word *officinal* in the two languages. In English it is applied to pharmaceopoeial drugs and medicines. In French it is derived from the word "*officine*," drug-store, and just means store medicines—that is, kept in stock.

### Southern Surgical and Gynecological Association.

At the next meeting of this Association, to be held at Birmingham, Alabama, September 11, 12, 13, 1888, the following papers will be read: The President's Annual Address, W. D. Haggard, M.D., Nashville, Tenn.; the Annual Oration, W. F. Hyer, M.D., Holly Springs, Miss.; Floating Kidney, with Vicarious Menstruation, DeSaussure Ford, M.D., Augusta, Ga.; Gastrectomy, W. B. Rogers, M.D., Memphis, Tenn.; The Medical Treatment of Fibroid Tumors of the Uterus, Bedford Brown, M.D., Alexandria, Va.; Indications for Operative Interference in Cerebral Troubles, T. O. Summers, M.D., Jacksonville, Fla.; A Case of Tubal Pregnancy, Presenting Interesting Medico-Legal Relations, E. P. Sale, M.D., Aberdeen, Miss.; Superinvolution of the Uterus following Trachelorrhaphy, Virgil O. Hardon, M.D., Atlanta, Ga.; I, Dermoid Cysts of the Coccygeal Region, and II, Electrolysis in Gynecology and Surgery, E. J. Beall, M.D., Fort Worth, Texas; Alexander's Operation,

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W. L. Nichol, M.D., Nashville, Tenn.; Hysterectomy in Cancer of the Uterus, W. H. Wathen, M.D., Louisville, Ky.; The Extravagancies and Impracticable Requirements of Modern Antiseptic Surgery, so far as the Country Practitioner is Concerned, J. M. Taylor, M.D., Corinth, Miss.; Treatment of Fractures with Plaster-of-Paris Splints, W. F. Westmoreland, Jr., M.D., Atlanta, Ga.; The Present Status of Electro-Therapeutics in Gynecology, J. R. Buist, M.D., Nashville, Tenn.; Antiseptics in Surgery and Gynecology, F. T. Meriwether, M.D., Asheville, N. C.; The Attitude of Removal of the Uterine Appendages for the Cure of the Convulsive Neuroses, W. Locke Chew, M.D., Birmingham, Ala.; Interesting Cases of Surgery, R. M. Cunningham, M.D., Pratt Mines, Ala.; My Antiseptic Bags, or Practical Aseptic Surgery, J. W. Long, M.D., Randleman, N. C.; The New Departure in Uterine Therapeutics—The Dry Method, T. A. Means, M.D., Montgomery, Ala.; A Study of the Various Methods of Treatment of Laceration of the Perineum, and Rectocele, with Report of Cases, J. H. Blanks, M.D., Meridian, Miss.; Report of a Case of Spinal Concussion, Jno. R. Page, M.D., Birmingham, Ala.; Fractures of the Forearm, Jno. Brownrigg, M.D., Columbus, Miss.; Some Practical Thoughts in Surgery, James Guild, M.D., Tuscaloosa, Ala.; Perineal Lacerations, M. C. Baldridge, M.D., Huntsville, Ala.; Electrolysis in the Treatment of Urethral Strictures, S. M. Hogan, M.D., Union Springs, Ala.; The Field and Limitation of Laparotomy, I. S. Stone, M.D., Lincoln, Va.; Operative Procedures in Hypertrophy of the Prostate, R. D. Webb, M.D., Birmingham, Ala.

The Association will convene in the hall of the Y. M. C. A., at 10 o'clock A.M. each day. The Annual Oration will be delivered at O'Brien's Opera-House on the evening of the first day's session, at which time the Mendelssohn Club of Birmingham will give a concert for the entertainment of the Association. Entertainments have been arranged by the local committee to take up all the hours not occupied by the sessions. Hotels and railroads will give reduced rates; but only those holding certificates, signed by the ticket-agent at the point where through ticket to the place of meeting was purchased, will be entitled to the two-thirds reduction in return fare.

W. D. HAGGARD, M.D.,  
*President.*

Wm. E. B. DAVIS, M.D.,  
*Secretary.*

#### NEWS.

—Dr. Raphael, of New York City, died at Saratoga, August 4, after a short illness.

—Dr. R. L. Boyle, of Raymond, Miss., died July 13, 1888, after an illness of three weeks.

—Twelve new cases of yellow fever and two deaths were reported at Jacksonville, Florida, August 11.

—Two cases of trichinosis have been recently reported to the New York Board of Health, by Dr. Seibert.

—Dr. J. P. Campbell, a special student at Johns Hopkins University, has been appointed Professor of Biology in the Georgia State University.

—The Texas Medical College and Hospital, at Galveston, which was discontinued in 1887, has been revived. Lectures will be given, beginning October 15, 1888.

—Dr. Sahli has been appointed Professor and Director of the Medical Clinic at the University of Berne, succeeding Professor Lichtheim, who has gone to Königsberg.

—The *Atlanta Med. and Surg. Journal*, August, 1888, states that a movement has been started in that city looking to the establishment of a hospital for the indigent sick.

—The *New Orleans Med. and Surg. Journal*, August, 1888, states that diphtheria is again on the increase in that city. During last June, there were 50 cases and 22 deaths.

—Professor Hertwig will give instruction in embryology, hereafter, at the University of Berlin, and Professor Waldeyer will confine himself to general and microscopical anatomy.

—Professors Fritsch, of Breslau, and Kaltenbach, of Halle, having both declined the Chair of Obstetrics at Würzburg (Scanzoni's chair), it has been offered to Hofmeier, of Göttingen.

—Dr. Frank A. Tompkins, of Sandy Point, Texas, was recently shot in the back by a man named Day, with whom he had had some dispute. There is believed to be a chance of his recovery.

—The small-pox hospital at Aubervilliers, France, has been charged by M. Créquy with having been the cause of an outbreak of small-pox among its attendants. He recommended that such hospitals should be removed at least 500 or 1000 yards from any dwelling, and that all attendants should be revaccinated.

—The brig "Teneriffe," which was detained in quarantine at the Delaware Breakwater, was discharged August 7. The captain and seaman who had yellow fever have recovered and have returned to the vessel.

—The latest reports from Florida indicate that yellow fever is spreading from Plant City and Manatee to other places. Cases are now reported from Sandford and Jacksonville. There is some fear expressed lest an epidemic may occur in the latter city.

—The *Lancet*, July 28, 1888, says that a kind of epidemic of hysteria has developed at Pavia. About twenty women and girls were found in a small room, lying on straw, and affected from time to time with hysterical convulsions, followed by excitement, laughing, gnashing of the teeth, and other hysterical symptoms.

—Chattanooga, Tenn., has established quarantine against Jacksonville and all yellow fever infected points. A carload of Jacksonville refugees who were *en route* to Chattanooga were met at the depot on Saturday by the Mayor and Board of Health, and not permitted to remain over. They are said to have gone North.

—Surgeon-General Hamilton and officials of Savannah and Charleston, at a conference at Way Cross, Ga., August 12, decided that it is necessary speedily to deplete the city of Jacksonville, and to that end a camp of refuge, in charge of Dr. Guitéras, will be located at Boulogne, on the Savannah, Florida and Western Railroad. The Government will send tents there at once. The sick will not be allowed there, but will be sent back to Jacksonville for treatment.

—Dr. H. F. Formad, in a very interesting article in the *Journal of Comparative Medicine and Surgery*, July, 1888, takes the ground that "it can be regarded as established that the microscopist has ample and sure means to diagnose fresh or well-preserved human blood from that of certain animals, provided he has the proper experience and employs rightful and honest means." He relies largely, as intimated, upon the microscope for this differentiation, using a 1-18 Zeiss homogeneous immersion lens, which magnifies about 2250 diameters. Microphotographs made from this amplification, magnified to the uniform scale of 10,000 diameters, show recognizable differences in size between the blood corpuscles of man and those of the domestic animals, dog, ox, sheep, and goat, whose corpuscles nearest approach in size those of man.

#### HUMOR.

REPEATED VISITS of Sir William Jenner to Windsor Castle, recently, gave rise to the story that the Queen was suffering from insomnia, but this is emphatically denied. The Doctor was merely making the sort of visits he Jennerally pays when the Queen is at the Castle.

GENTLEMAN: "What's the matter, Uncle Rastus? You look sick." Uncle Rastus: "Yes, sah; I ate er whole watermelyn last night, jess 'fore I went ter bed, an' I ain't feelin' bery well dis mawnin'." Gentleman: "Are you going to see a doctor?" Uncle Rastus: "No, sah; I'se gwine fo' anudder melyn." —*New York Sun*.

MR. CROWLEY, the Central Park chimpanzee, is sick, the result of a watermelon gorge he indulged in a few days ago, and the New York papers are describing the treatment his family physician is giving, together with bulletins about his (Crowley's) condition. Monkeying with a watermelon may not be good for Mr. Crowley's comfort, but it has wrought his importance up to an altitudinous point.—*Phila. Ledger*.

A WEATHER EXPERT.—Passenger (to stranger): "So you think we are to have a hot summer, sir." Stranger (pounding the seat): "Think? I don't think anything about it—I know so! The whole country, sir, will sizzle until snow flies!" Passenger: "You seem to be positive." Stranger: "Positive? Why, I am as sure of it as I am that I run the finest hotel in the Dogskill Mountains! Put that card in your pocket; it may save your life." —*Life*.

THE *Boston Med. and Surg. Journal*, July 19, 1888, says that "the alarming complications which may attend even the mitigated form of the duello which prevails in France is illustrated by the following paragraph, which was thought worthy of being telegraphed under the Atlantic to a morning paper: 'There seems no reasonable doubt of Boulanger's recovery within a fortnight or so, although his wound appears to threaten him with all sorts of unpleasant complications, such as lockjaw or the less familiar complaint of embolic, caused by clots of blood in the bronchial tubes, or, what is still rarer, suffocation by haematuria in the respiratory channels.'"

#### MARRIAGE.

COMSTOCK—CULLINAN.—July 18, 1888, Dr. A. J. Comstock, Jr. (Jeff. Med. Col., 1884), to Miss Elizabeth W. Cullinan, both of San Buenaventura, California.